-WRITE

1. PLACE	OF DEATH			(46-8)	1/	~/
County_	Carroll				Registration Dist.	No. /
Village	or City Wist	minster		No		St., Ward
Langth of	residence in city or town who	ore death assurred 16		de How long in It S		ad of street and number) _yrsds.
	7.	Ly .		and a second sec	ii oi ioioiga biitii:	. 1130
2. FULL I	(D. 1)	a Jaan	1 du	quu		
(a) Res	idence: No. Luly	(Usualplace	of abode)	St.,Ward.	If nonresident give c	nly or town and State
PERS	ONAL AND STATE	STICAL PARTI	CULARS	MEDICAL	CERTIFICATE OF	DEATH
3. SEX	4. COLOR OR RACE		RIED, WIDOWED. D (write the word)	21. DATE OF DEATH	1 11- 3	1- 6
+	IW	man			(Month)	(Dey) (Year)
5a. if married, w HUSBAND	ridowed, or divorced	001				
(or) WIFE		lelegi	re	22. May	THE STATE OF THE S	het lattended deceesed from
DATE OF BID	TH (month, dey, and year)	masch.	20-1890	I lest saw h & f elive on	11-20	1936 death is said
7. AGE	Years Months	Deys	If LESS then	to have occurred on the date s		
	46 7	20	1 day,hrs.	The PRINCIPAL CAUSE OF DE	EATH end releted causes of I	mportence
8. Trade, p	rofession, or particular		1 01	Caremon	a return	Date of onset
kind SAW	of work done, as SPINNER, YER, BOOKKEEPER, etc	Homero	ja	g e	liver	?
9. industry	or business in which was done, es SILK MILL,			Grimary Carcines	no of the rect	Lucan.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		f	o cars	-GR		
1 11110	occupation (month and	spa	nt in this upation			
				Other Contributory Causes of in	mportance:	,
12. BIRTHPLACI (State or	E (city or town)	*				
13. NAME -	Thomas H	· Colain	1 2 :19.	,		**********
13. NAME	LACE (city or town)	0	- 400	Name of operation		Dete of
(Ste	te or country)	nd 1		What test confirmed diagnosis?		9.1.
15. MAIDEN	NAME Orachas	el Vac	kson	23. If death was due to external		
16 BIRTHPI	LACE (city or town)	0		Accident, suicide, or homicide?		
15. MAIDEN NAME Ofachael Jackson 16. BIRTHPLACE (city or town) (Stete or country)				Where did Injury occur?		
7. INFORMANT	G. Claus	de (1)	leire	Specify whether injury occurre	(Specify city or town, in INDUSTRY, In HOME, o	county and State) or in PUBLIC PLACE.
(Address	Tiberty Hig	Ato, West	Mintes n	9 / (me	
17	MATION, OR REMOVAL	radiamd.		Manner of injury		
Place 1	vaux vim. LV	Date	OV. 93,1936	Nature of injury		
19. UNDERTAKE	HBanka	ed to	~	24. Was disease or injury in an	y wey related to occupation (of deceased?
(Address	Westni	ington,	and.	If so specify) 0 0	
20. FILED	-21,1936	If the	soow,	(Signed)	1 2	M. C
		7	Registrar.	(Address)	may june	an prof.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEC 4 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER S'	STATEMENTS	\mathbf{BY}	PHYSICIAN
---------------------------------	------------	---------------	-----------

ECO. D. Every item of infor-PHYSICIANS should state

stated EXACTLY.

AGE should be

pe

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLA

N. B.

of OCCUPA-

Exact statement

11285

1. PLACE OF DEATH			(108)	~ /	
County Carroll			Registration Dist. No	14	
Village or CitySpringfiel	ld State	Hospital	No. Sykesville, Md. st.,	Ward	
Length of residence in city or town where	death occurred	1 yrs. 3 mos	death occurred in a hospital or institution, give its NAME instead of street a	nd number)mosds.	
2. FULL NAME Edward	Lee Allr	utt	If U. S. Veteran, specify WAR		
(a) Residence: No.	(Usual place	of abode)	St., Ward. Adamstown, Fred. If nonresident give city or town		
PERSONAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATI	Н	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MAI OR DIVORCI	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH November 2 (Month) (Day)	, f93_6 (Yeer)	
5a. If married, widowed, & Mivered. HUSBAND of			22. I HEREBY CERTIFY, That I atten	dad danaged from	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Walter		April 15, 19 36 to November	2 19 36	
6. DATE OF BIRTH (month, day, and year)	ct. 15.	1873	liast saw h im elive on November 2 , 19	36; death is said	
7. AGE Yeers Months	Days	If LESS then	to heve occurred on the date stated above, at		
63 0	18	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Datastand	
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Yardmasi		Acute Lobar Pneumonia	Date of onset	
Kind of work done, as SPINNER, SAWYER, BDOKKEFPER, etc	B & O I		-		
10. Date deceased lest worked at this occupation (month and year)	Sp	time (years) ent in this cupation			
12. BfRTHPLACE (city or town) Fied (State or country)	erick Co	o. IId.	Dther Contributory Causes of importance:		
# 13. NAME William P.	Allnut				
H 13. NAME William P. 14. BIRTHPLACE (city or town) (State or country) Free	derick (Co., Md.	Name of operation Oate What test confirmed diagnosis? Physical Sympto	of	
# f5. MAIDEN NAME Helen	Smith		23. If death was due to external causes (VIDLENCE) fill In also the folio		
## f5. MAIDEN NAME Helen Helen	derick (Co. Md.	Accident, suicide, or homicide?		
17. INFORMANT Springfield	State Ho	spital	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR SEMOVAL Piece MJ, Dline J	Oete Ho	V. 5 1936	Manner of injury		
19. UNOERTAKER M. R. Eta (Address) Freder	lieron	Md.	24. Was disease or injury In eny way related to occupetion of deceesed if so, specify	Bio	
20. FILED HOV. 20, 19 36 Q	Hau	Hees Registrar.	(Signed) Harry J. Baer, (Address) Sylkesville,	nd. M.O.	

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	रेक्ट्र	Other contributory causes of importance:	
Gallstones 10N	May 1,1923	Gastroenteritis	1 year
100	1		

V. S. No. 1

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item of infor-

of OCCUPA-

SIAIL C	OF MARYLAND—	CERTIFICATE OF DEATH	286
		93·C)	
7	11	Registration Dist. No. 7.1	
Village or City_ (Among	aus Mc	NO. St., If death occurred in a hospital or institution, give its NAME instead of street and n	wmber)
2. FULL NAME Omna (a) Residence: No.	daeth occurred yrs mo Elizabeth Baus	sds. How long in U.S. if of foreign birth?yrsmov	sds.
PERSONAL AND STATIST	(Usual place of abode)	If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Je w	OR DEVORCED (rurite the word)	Manuker 2) (Month) (Dey)	193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	0	22. I HEREBY CERTIFY. That I attended of	leceased from
6. DATE OF BIRTH (month, day, and year)	4211856	Hast saw h Ly aliva on Nov 22 1936	: death is said
7. AGE Yaars Months	Days If LESS than	to have occurred on the date stated abova, at 3 30 Am.	
80 1	6 1 day,hrs. ormin.		Oata of onset
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc	& b	Q-1	
9. Industry or business in which	buckering of	Only's Sala	7
work was done, as SILK MILL, SAW MILL, BANK, etc.		alprio Selerasis.	10-
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and	11. Total time (yeers) spent in this	and a la last	17.24
year)	occupation	- Committee of the control of the co	11-101-
12. BIRTHPLACE (city or town) - Anay. (State or country)	land	Dther Contributory Canses of importance:	
II 13. NAME Urm H	Rough		
13. NAME WAN 74 14. BIRTHPLACE (city or town)	and	Name of operation Date of	
(State or country)		What test confirmed diagnosis? Was there an au	1 Suna
15. MAIDEN NAME ENGLISH I	A enelling.	23. If death was dua to externel causes (VIOL ENCE) fill in elso the following:	
15. MAIDEN NAME CONSULT OF 16. BIRTHPLACE (city or town)	and	Accidant, suicida, or homicida? Date of Injury	
f6. BIRTHPLACE (city or town)		Whera did injury occur?	, 15
17. INFORMANTAN Lelana (Address)	Carabla	(Specify city or town, county and State Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	-Date Jun 29, 1936	Manner of Injury	
19. UNDERTAKER SO O HUSS + (Address) Tangutan	Sun	24. Was disease or injury in any way related to occupation of daceased?	no
20. FILED Nov. 28, 1996 Ma	rgaret P. Englas	(Signad) As I Morch My (Address) Med Level was	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car	1 week ago
Run over by street car	4
	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
3 Gastroenteritis	1 year
	Other contributory causes of importance:

STATE (OF	MARYLAND-	-CERTIFICATE	OF	DEATH

1	3	1)	4	
1	1	6	0	6

1. PLACE OF DEATH	188
County Carroll,	Registration Dist. No.
Village or City Spring fulla Stale For	Mo. Septem ville Many St., at Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	24 ds. How long in U.S. if of foreign birth?
2. FULL NAME Edurary Thomas Be	all If U. S. Veteran, specify WAR
(a) Residence: No. Ceclargsure Mary (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowad, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from 1936, to New 13 1936
6. DATE OF BIRTH (month, day, and year) Sept 2 1891	I last saw h Malive on Nov 13 P., 1936; death is said
7. AGE Yeers Months Days If LESS than 1 day,hrs.	to have occurred on the date stated abova, atm.
46 d // ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
8. Trada, profassion, or perticular kind of work done, as SPINNER, June SAWYER, BOOKKEEPER, etc.	Fracture compound left July 21
SAWYER, BOOKKEEPER, etc.	Tebia & februa (Recent y Norse) 1936
work was done, es SILK MILL, Flamming.	Ostermyelitis followedby Rug 1936
Note decassed last worked at this occupation (ponth and years) 10. Date decassed last worked at this occupation (ponth and year)	Celluleus Dept. 136
Carlona	Other Contributory Canses of Importance:
12. BfRTHPLACE (city or town)	Ocacemental depression 736
I O	a Consent estimately World St
(State or country) Therefore	What test confirmed diagnosis? Churcal Y Was there en autopsy?
15. MAIOEN NAME Land Lyand 16. BIRTHPLACE (city or town) Clarksburg (Stello or country)	23. If daath was due to external ceuses (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) Clarksburg	Accident, suicide, or homicide accident Date of injury July 2, 19 36
State or country) Many land	Where did injury occur? At discussed's home
17. INFORMANT Surpital Recards	(Specify city or town, county and State) Spacify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass)	While performing duties of farmer
18 BURIAL CREMATION OR REMOVAL Med. Date Nov. 16 1936	Manner of injury Ricked by horse
Trace Uale 1979	Natura of injury Tractions Company It lig
19. UNOERTAKER J. D. Beall Vice.	24. Was disease or injury in any way related to occupation of deceased? 4
(Addrass) & amarier md.	If so, spacify see # 23
20. FILED Nov 14, 1986 Corry New	(Signad) M. D. Dogma Beyer M. D.
Registrar.	(Address) Rukerielle Md.

If more blanks are needed, address State Registrar, 24xx N. Charles Street, Baltimore, Requesting U. S. No. x.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitud nephritis 3 1936	1921	Run over by street car	1 week ago
Conshual hamanuhadd	July 5, 1927	Perilonitis	3 days ago
THE PER AU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Les des de la latera de latera de la latera della latera			

ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11288
1. PLACE OF DEATH	159
County County	Registration Dist. No.
Village or City Lear Kell Wrude	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long if U.S. If of foreign birth?mosd
2. FULL NAME a rained arroy	Kalkelen
(a) Residence: No. Out Supplied of abode)	St., Ward. If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR BACE 1 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Malo What o OR BUNORCED (write the word)	(Month) (Day) (Year)
b. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERT f FY. That I attended deceased fro
01-1-1- 26	7 ,1936 to //- \$,1936
AGE Years Months Days If LESS than	I last saw h. Long elive on
f day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows: Date of one
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spant in this	
year) occupation	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) Land	VIIII VIIIII
(State or country)	
14. BIRTHPLACE (city or town) and Constitution of the constitution	C
14. BIRTHPLACE (city or town) (Variable Con.	Name of operation
(State of country)	Whet test confirmed diegnosis? Was there an eulopsy?
15. MAIDEN NAME Manager Manager 16. BIRTHPLACE (city or town) The Care Company (State or country)	23. If death wes due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) / Trocarick (40	Accident, suicide, or homicide? Dete of Injury, 19
(State or country)	Where did injury occur?
7. INFORMANT Marles Blacksley (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OB REMOVAL	Manner of injury
Place Place Place Place Place 9, 1936	Neture of Injury
9. UNDERTAKER A TAMBLEY TO ONS	24. Was disease or injury in any way related to occupation of deceased?
The state of the s	(Signed) D. M. Lundov M.
20. FILED Str. 9 , 19 36 Com Standard Registrar.	(Address) Address
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	4 8	Example II		
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Chronic interstitial nephritis: DEC 7 199	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
I AREAU V.	1			
Annual Control of Cont				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

FOR BINDING

ARGIN RESERVED

1. PLACE OF DEATH		94.2	
County. Carroll		Registration Dist. No. 7 (
Village or City R.D.#7 West Length of residence in city or town where death	occurredyrs,mos		,
2. FULL NAME Charles Ed (a) Residence: No. Tyrone,		St., Ward. If U. S. Veteran, specify WAR	
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. S	SINGLE, MARRIED, WIDOWED, DR DIVORCED (write the word) MATTIE O	21. DATE OF DEATH Nov. 27, (Day) (193) (Y	6 Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda Poole	7	22. I HEREBY CERTIFY, That I attended deceas	9
6. DATE OF BIRTH (month, day, and year) AQS 6 7. AGE Years Months 65 3	Days If LESS than 1 day,hrs. or min.	to have occurred on the date stated above, at 3:00 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	h Is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc	11, Total time (years) spent in this occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Carroll (State or country) 13. NAME Chris Bowe	Md.	Died suddenly	
14. BIRTHPLACE (city or town) (Stata or country)		Name of operation Date of What test confirmed diagnosis? Was there an autopsy	
	Unknown	23. If death wes due to external causas (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	19
17. INFORMANT Mrs. Amanda Bou (Address) R. D. #7 Westmin	wers nsterm Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL CREMATION, OR REMOVAL PLATE AYLORS VILLE Cemty	Nov. 29, 136	Manner of injury	
19. UNDERTAKER (Address) Winfield	AZ.	24. Was disease or injury in any way related to occupation of daceased?	
20. FILED Mov. 28, 1636 Marg	aret Renglar	(Signed) Magaret M. Englay Local Regnal	MAD.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

B.-WRITE PLAINLY

ż

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 5 1930		Α	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			

	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-		
	kD. Every	YSICIANS	statement		
	RECO	Y. PH	Exact		
ARGIN RESERVED FOR BINDING	RMANENT	XACTL	classified.		
FOR B	IS A PE	stated E	properly	TION is very important. See instructions on back of certificate.	
VED.	-THIS	ald be	ay be	ick of	
ENER	INK	E shor	at it m	s on ba	
IIN K	ADING	d. AG	s, so th	ruction	
AKC	UNE	supplie	n term	ee inst	
	WITH	efully.	in plai	ant. S	
	INCY,	be can	EATH	import	
	E PLA	pluods	OF D	s very	
1	WRIT	nation	AUSE	TON i	
A · D. IAU. I	B.	n		L	
	Z				

STATE OF MARYLAND 1. PLACE OF DEATH	—CERTIFICATE OF DEATH 11230
County Cassall	Registration Dist. No. 81.
Village or City Linnood	No. St., Ward
Langth of rasidence in city or town whare death occurredyrs	mosds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME Samuel . E. Brano	lenburg
(a) Residence: No. Outside (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEI OR DIVORCED (write the word	
Sa. If married, widowed, or divorced HUSBAND of	— (man) (baj) (teal)
(or) WIFE of Capatola Bursell Brandenber	22. I HEREBY CERTIFY, That I attended deceased from 1936, to 15 3 - 1936
6. DATE OF BIRTH (month, day, end year)	I last saw h ing aliva on //- 3- ,1936; death is sai
7. AGE Years Months Days If LESS that I dey,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	Date of onsei
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	- Carcinoma Restury 1 4N
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest workad at this occupation (month and year) 11. Total time (years) spant in this occupation.	
12. BIRTHPLACE (city or town) Frederick Cg. (State or country)	Other Contributory Causes of importance:
13. NAME ENGLAND BANGAR	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Nama of operation Date of Date
	What test confirmed diagnosis?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country) Manyland	Where did injury occur?
17. INFORMANT Capitola Brandonbug (Addrass)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mt. View Carn Dete 97 5 5 , 19.	Nature of Injury
19. UNDERTAKER D. D. Startle y Sons	24. Wes diseese or injury in any way related to occupation of deceased?
20. FILED HOV: 4, 1936 Eight Registral	If so, specify (Signed) (Address) (Address)
	trar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

n of infor-	ould state	OCCUPA-	
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
NT RECOR	LY. PHY	d. Exact st	
PERMANE	EXACT	rly classified	ate.
HIS IS A	be stated	be proper	of certific
G INK-T	GE should	hat it may	ns on back
UNFADIN	upplied. A	terms, so t	TION is very important. See instructions on back of certificate.
Y, WITH	carefully s	FH in plain	ortant. Se
E PLAIN	should be	3 OF DEAT	is very imp
B.—WRIT	mation	CAUSI	NOIL
z			

V. S. No. 1

	S	TATE O	F MARY	LAND-	CERTIFICATE OF DEATH 1129	1
1	. PLACE OF DEA	TH			De la companya della companya della companya de la companya della	
	County Caro	ull			Registration Dist. No. 74	
	Village or City	Kerine	e ma		No. Strugfield State Hospitalst.	Ward
	Length of residence in ci	ty or town where de	eeth occurred2	(If yrsmos	death occurred in a hospital or institution, give its NAME inhead of street and number) 23 ds. How long in U.S. if of foreign birth?	ds.
12	. FULL NAME	Hadron	anil In	Brm.	If U. S. Veteran, specify WAR	
7	(a) Residence: No.	2 Ring	Die Rose	S. 12 - B.	colki-ma ward. Or	
40.000		3.7.70.132.4.	(Usual place of		If nonresident give city or town and State	
_	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	
7	Vale lug	R OR RACE	W	(write the word)	21. DATE OF DEATH (Month) (Dey) (Yes	
5a.	If merried, widowed, or divo HUSBAND of (or) WIFE of	Cathe	rina B	roun.	I HEREBY CERTIFY. Thet I attended deceased	
6. 1	DATE OF BIRTH (month, day	of (resy bas y	c. 13-18	563	I last saw him elive on November 29 19 36; death I	
-	AGE Yeers	Months	Deys	If LESS than	to heve occurred on the dete stated above, et & MDP_m.	
	75	11	16	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence water est follows:	
NOI	8. Trede, profession, or p kind of work done, SAWYER, BOOKKEE	es SPINNER.	Nar		Right Indirect Hermia	1-28
OCCUPATION	9. Industry or business in work wes done, es SAW MILL, BANK,	SILK MILL,			193	6.
ÖÖ	10. Dete deceased last wo this occupetion (mo yeer)	rked et nth end		ne (years) In this petion		
12.	BIRTHPLACE (city or town) (Stete or country)	Mary	ma- Sand -		Other Contributory Causes of Importance:	[3
ER	13. NAME Jone	shine	Brown	~		,
FATHER	14. BIRTHPLACE (city or to (Stete or country)	Mary (nw	Land		Neme of operation the state of	
ER	15. MAIDEN NAME	Maria	Gaver		23. If death wes due to externel ceuses (VIOLENCE) fill In elso the following:	
MOTHER	16. BIRTHPLACE (city or to	un) line	Luc-Lux-		Accident, suicide, or homicide? Dete of injury19_	
17. INFORMANT Attribus Records					Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR, REMOVAL PIECE TO Date Date 2, 1936					Menner of injury	
19.	UNDERTAKER (Address)	raugist.	Eise Hi	2).	24. Wes disease or injury in any way related to occupation of deceased?	
20.	FILED Har 29,	1936 Q	Harry.	Registrar.	(Signed) M. Desgrie Beyer (Address) Supplearlle, M.	. M. D.
		If more b	lanks are needed, ad	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.-The month and year the deceased last worked at the occupation.

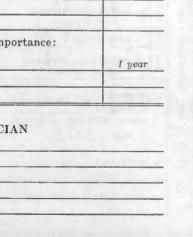
11.—The number of years the deceased followed the occupation.

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	example 1	11	Example 11		
The principal cause of de of importance were as follows:	ath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	SCOFIVE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DEC 3 1930	July5,1927	Perilonitis	3 days ago	
	BUREAU V. S				
Other contributory cause	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		1			



V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95%
County & arroll	Registration Dist. No.
Village Dr City Westmans Tex	ND. St. Ward
Length of residence in city or town where death occurred 3.6 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME (Or Or ond) Srow	n
(a) Residence: No. 13 K 7 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Trice the word) The state of	21. DATE OF DEATH / - /8 - , 193 (Nonth) (Dey) (Year)
HUSBAND of Corp. WIFE of See Brown	22. I HEREBY CERTIFY. Thet i attended deceesed from 1936, to 18, 1936
6. DATE OF BIRTH (month, day, end yeer) (301-21-18-73-	Mest sew h Cr alive on 12 17 , 193 G; death is sale
7. AGE Yeers Months Deys if LESS then 1 dey,hrs.	to have occurred on the dete steted ebove, et 2, 15%, m. The PRINCIPAL CAUSE OF DEATH end releted causes of importence were es follows:
8. Trede, profession, or perticuler kind of work done, es SPINNER HOUSEWELL 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	Cera brad Hemanlinge 6.29-36
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	
10. Date decessed last worked at this occupetion (month end yeer)	
12. BIRTHPLACE (city or town) Barroll Go. (Stete or country) In d.	Other Contributory Causes of importance: - Heyporteus ne Cardio Vocanta Dis lane ?
13. NAME Malhay Powe	
13. NAME Malkay Rowe 14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation. What test confirmed diagnosis? Co. Segrephino. Was there en eulopsy?
15. MAIDEN NAME (elice & release	23. If death wes due to externet causes (VIOLENCE) fill In elso the following:
15. MAIDEN NAME Cleice Cyles 16. BIRYHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT AL SOUTH WILLIAM (Address) / Se Benn Ol Walmington	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
PIECALIZADO, OR REMOVAL PIECALIZADO, 100. Date 100 20 ,1936.	Manner of injury
19. UNDERTAKED ANKARA LONG. (Address) Wedningto (md.	24. Wes disease or injury in eny wey releted to occupetion of deceased?
20. FILED / / 5 , 19 6 FILL 10 82 Registrar.	(Signed) The du Layler M. D. (Address) 1/121 Lung & Wall
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER STATEMENT	S BY PHYSICIAN	
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-WRITE

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V. S. No.

If more blanks are needed, address State K

	Registration Dist. No.	3
	No. St., death occurred in a horpital or institution, give its NAME instead of street and n ds. How long In U.S. if of foreign birth?	Ward
	If U. S. Veteran, specify WAR	
	St., Ward.	
	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
VED.	21. DATE OF DEATH	
ord)	(Month) (Oay)	(Year)
than hrs.	22. I HEREBY CERTIFY, That I attended of the control of the contro	deceased from 1, 193 6; death is said
	Prematin 71/2 una The.	
	Other Contributory Causes of importance:	
	Neme of operation Oate of	
	What test confirmed diagnosis? Was there an a	utopsy?
	23. If death was due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide? Oate of Injury Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	, 19
.36	Manner of injuryNature of injury	
ell strar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) Lew Winclson M	M. D.
egistrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	-

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage DFO 3 1000	July 5,1927	Peritonitis	3 days ago	
PE, IV S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

TION is very important. See instructions on back of certificate.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF DEATH	
County Carroll,	Registration Dist. No.	74
Village or City Springfield State Hospital	No. Sypesville, Md. St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
Langth of residence in city or town where death occurred 3, yrs 3 mos.	25 ds. How long In U.S. If of foreign birth? yrs.	
2. FULL NAME William Condry.	If U. S. Veteran, specify WAR	
(a) Residence: No./// Rosewood and (Usual place of abode)	St., Ward. Catoneville Mil nonresident give city or town and	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male, White: 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wyite the reg)	21. DATE OF DEATH November 5,	, 193 6 . (Year)
5a. If married, widowad, or divorced HUSBANO of (or) WIFE of Mollie Hershberger	22. I HEREBY CERTIFY, Thet I attended	
6. DATE OF BIRTH (month, day, and year) UNKnown!	! last saw h alive on 19	, 19
7. AGE Years Months Oays If LESS then I dey,hrs.	to have occurred on the date stated ebove, at 2 m. Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade profession or particular	Pulmonan edema	Date of onset
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Dete dacaesed last worked et this occupation (month and	(asperation)	11/5/30
10. Dete dacaseed last worked et this occupation (month and year) 11. Total time (years) ?	- Food	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importence:	
(State or country) West Virginia,	general extraorchisons	unk.
13. NAME Martin Condry,	Neme of operation Oete of	
(State or country)	What test confirmed diagnosis? Was there an	autoney? Leo
# 15. MAIDEN NAME Marquerite Lannon.	23. If daeth wes due to external causes (VIOL ENCE) fill in also the followin	
15. MAIDEN NAME Marquerile Lannon. 16. BIRTHPLACE (city or town) - Greland.	Accident, suicida, or homicide? Oate of Injury	, 19
17. INFORMANT Spring field Hosp. Records, (Address) Sykestille, Md	(Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ite) LACE.
Spent of the Date How, 7, 1936	Manner of Injury	
19. UNDERTAKER HELL ALOW July. (Addrass) Surveyelle mid.	24. Was diseesa or injury in any way related to occupation of deceased?	
20. FILEO Thor. 6, 1936 Prairy Mer	(Signed) // // // // Maskyny	M. O.
	2411 N. Charles Street, Baltimore, Requesting U. S. No 1.	& Horse

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEC 3 1950	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BIR'A	July 5,1927	Peritonitis •	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

49 4.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

MARGIN

S. No.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		RECRIVAL	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	
- Cultivities	May1,1923	RUNEAU V. S.	1 year

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE O	F DEAT	TH)		900	OI DEATH	~ /
County	Carr	oll		*****	000	Registration Dist. No	14
Village or (City_S.D.	ringfle	eld Stat	e Hospita	al No. Sykesvill death occurred in a hospital or institu 25 ds. How long in U.S. if o	.e., .Md	et and number)mosds.
2. FULL NA	ME_A	rthur M	. Easte	r	If U. S. Veteran,	specify WAR	
(a) Resider	nce: No	2700 W	hitney (Usualplace		St., Ward. Bal	timore, Md. If nonresident give city or tov	vn and State
	IAL AN	D STATIST	ICAL PART	CULARS	MEDICAL C	ERTIFICATE OF DEA	TH
Male Male	Whi	r or race te	5. SINGLE, MAR OR DIVORCE	RRIED, WIDOWED,	21. DATE OF DEATH Novemb	er 20 (Month) (Day)	, 1936
5a. If married, widow HUSBAND of	ved, or divo	rced			22. I HEREBY	CERTIFY, That I att	tanded decaasad from
(or) WIFE of				- 15	Dec. 26,		
6. DATE OF BIRTH	(month, day	y, and year) JU	ly 1861			ov. 20, 19	
7. AGE Yes 75		Months 4	Days	If LESS than I day,hrs. ormin.		d above, at <u>4:35 mp</u> . m H and ralated causes of importance	
9. Industry or work wa SAW MI 10. Date deceas this occu	businass in is done, as S LL, BANK, a sad last wor ipetion (mo	SILK MILL, atc		time (yeers) nt in this upation 2	sel		1933
au l	Tames		ter				
14. BIRTHPLACE		wn)	yland		Neme of operation	Symptoms Was the	te of
16. BIRTHPLACE	E (city or to r country)	Mary	E. Mil land lospital lle, Md	Records	23. If daeth was due to external cat Accidant, suicide, or homicida? Where did injury occur?		ollowing:
18. BURIAL, CREMA	TION, OR F	REMOVAL		230,1936	Manner of Injury		
19. UNDERTAKED (Address)	Leur	Mente	in des	Rolle X	24. Was disaase or injury In any w		
20. FILED HAY	20	19.86 Q	Harri	1 New Registrar.	(Signed) Yourn	J. Baer Sykesville	, md.

V. S. No. 1

IARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I-	1	Example II		
The principal cause of death and related causes of importance were as follows:	pate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			E (ESI) HA	

/ 5	STATE OI	F MAR	YLAND-	CERTIFICATE OF DEATH	297
1. PLACE OF DE	MOLL			osis Sanatorium	~ 0 0
County Carr				Branch 22 Registration Dist. No. 74	
Village or City			(If	No. St., death accurred in a hospital or institution, give its NAME instead of street and nu	Ward
			yrsmos	3 ds. How long in U.S. if of foreign birth?	
2. FULL NAME				If U. S. Veteran, specify WAR None	
(a) Residence: No.	1311 Per			timore, Md.	
PERSONALA	ND CTATICTIC	(Usual place		If nonresident give city or town and S	ale
	OR OR RACE		RIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
	olored	Singl	D (write the word)	Nov., 2, 1936 (Month) (Day)	193
5e. If married, widowad, or dl HUSBAND of	vorced				
(or) WIFE of				22. I HEREBY CERTIFY, That I attanded do Sept., 30, 1936, to Nov., 2, 1	
6_ DATE OF BIRTH (month,	lay, end year) Nov	7., 2,	1917	i last saw her eliva on Nov., 2, 1936	daath is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the date steted above, at 2.00 mP.M.	
19	0	0	1 day brs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance wara as follows:	Date of onset
8. Trada, profession, or kind of work don	particular e. as SPINNER. T	Omesti	C	Pulmonary Tuberculosis	Aug.,
kind of work don SAWYER, BOOKK 9. Industry or business work was done, a SAW MILL, BANY 10. Date deceased last w	EEPER, atc				1936
work was done, a	s SILK MILL.		-		
10. Date deceased last we this occupation (a year)	orkad at	11. Total t	ime (years) Lindiwn		
12. BIRTHPLACE (city or tow	. Raltimo	re		Other Coutributory Causes of importance:	
(Stata or country)	Maryla	ind.			
	el Engle				,
14. BIRTHPLACE (city or	town) New A	larket,		Nama of operation Data of	
(State or country	Mary	rland.		What test confirmed diegnosis? Was thera an au	topsy? No
I I	tta Smith			23. If daath was due to extarnal causes (VIOLENCE) fill in elso the following:	
16. BIRTHPLACE (city or				Accidant, suicida, or homicida? Date of injury	7.79
(Stata or country		larylan		Whara did injury occur? (Specify city or town, county and State)	
17. INFORMANT JOIL (Addrass) He	n E. O'Ne	arvlan	. D.	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR		2	. 4	Manner of injury	
Piac	Llow	Date Ma	204.63	Nature of injury	
19. UNDERTAKER	201/11	1 4/1	Stal	24. Was disaasa or injury in any way related to occupation of deceased? N	0
(Address)	Level	de	2 alle	If so, spacify	
20, FILED 11/2/3	62 Tur	CO.	Meill !	(Signed) Henryton, Maryland.	/ J M. D.
	Der	nity To	Cal Registrar.	(Address) Tierry Coll, Mary Land	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	Example II	
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Arteriosclerosis 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	Run over by street car	1 week ago
Cerebral hemorrhage July 5,192	Peritonitis	3 days ago
DEC 3 No.		
Other contributory causes of importance:	Other contributory causes of importance:	
Gallstones May 1,192	3 Gastroenteritis	1 year
	*	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	UNAL SPACE	FUR FURTHER	STATEMENTS	BI	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 11298
1. PLACE OF DEATH	
County Carrolf	Registration Dist. No. 7.5
Village or City Manchestes	No. St., Ward
Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Chrahum M +22	sel
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLORYOR RACE S. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
3. SEX A. COLOMOR RACE OR DIVORCED (write the word) There is a single, MARRIED, WIDOWED, OR DIVORCED (write the word)	(Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WITE alled TErser.	Oct. 29 1936 to Nov. 18 1936
6. DATE OF BIRTH (month, day, and year) Sunt 26 1859	I last saw h km elive on Qcf. 30 , 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6.2 2.6m.
77 / 23 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
2 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. List funter t trasmum.	1 1 t 1 A A
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Linguisted & fiarum. 9. Industry or business in which work was done, as SILK MILK. SAW MILL, BANK, etc. Linguistics (month and 10. Oate decessed last worked at this occupation (month and	Dis ute Celerases Inhum
SAW MILL, BANK, etc	
this occupation (month and 1930 spant in this occupation	
	Other Contributory Causes of importance:
12. BIRTIIPLACE (city or town) (State or country)	Dulothe Humserthags Indust
13. NAME Washingtow Frank	
13. NAME Traslington Trasl	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Was there an au!opsy?
15. MAIDEN NAME Collain My Cro. 16. BIRTHPLACE (city or town) (State or country)	23. If daath was due to axternal causes (VIOLENCE) fill in also tha following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oate of Injury, 19
X (State or country) Musyland	Where did Injury occur?
17. INFORMANTUM Denton Wests (Address) Westmandley May R. 9#3	(Specify city or town, county and State) Spacify whethar Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place AMENS Gar Miloate 11-21, 1936	Neture of Injury
19. UNDERTAKER Jacob Wrik's Lang (Address) Manchista Md	24. Wes disease or injury in any way related to occupetion of deceased?
20. FILEO MM - 20, 1936 ms. M. R. S. Deliver. Registrar.	(Signed) Edgus M. Oarsholman, M. D. (Andress) Danifistud, Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

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MIREAU V. S.	11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MADVI AND CEPTIFICATE OF DEATH

state UPA.	4 51 4		MIL	OF MAN	ILAND	CLIVIII ICATE	- OF DEAT		
		CE OF DEA	ATH 40			1146)		7.1.
n of OCC	Cour	ty car	Epel,			A	Registration Di	st. No.	14.
shc of	Villa	e or City	Ly Re	Roclli	/II	No. Check of the death occurred in a hospital or in	fulla Ala	L 181,00	The Swart
70	Lengt	n of residence in	city or town where	death occurred	-		. if of foreign birth?		
N. Every	2. FUL	NAME	Eun	Van	Rogert	If II. S. Veter	an, specify WAR		
1 44		Residence: No.				St., Ward,	hadle	(e)	M
	(4)	icoldelice. Ho.		(Usual place	of abode)		If nonresident giv	ve city or town as	nd State
ECC PF xact	PEI	SONAL A	ND STATIST	TICAL PART	ICULARS	MEDICAL	CERTIFICATE	OF DEATH	
RE Exa	3. SEX	4. COL	OR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEAT	H_//	1 10	U. /
T L Ned.		7.	10.		weid		(Month)	(Day)	(Yeer) .
MANEN A C T] assified	HUSBA	I, widowed, or div	orced	le 1	0.	22. A IHEBE	BY CERTIFY.	That I attends	d dacased from
A A ass	(or) WI	FE of M,	Kery/	Malle	arl	Asiel 8	1935 to	100 10	1 1936
ERM EX, r cla	6. DATE OF	BIRTH (month, d	ev. and vear)	10-20	-190z	I last saw h Lke elive on	Mar. 10	, 19.3	6; death is said
A. 2 =	7. AGE	Years	Months	Days	If LESS than	to have occurred on the dete	stated above, at / 4	Pm.	
IS A I stated properl		34	0	2/	1 day,hrs.	The PRINCIPAL CAUSE OF E	DEATH and related causes	of importance	
	z 8. Tred	e, profession, or	particular	0		D	Ω_{I}		Date of onset
he pe pe of	2	ind of work done AWYER, BOOKKE		toocco	ecorfe	Muse	en Alo	ues.	11-9-0
KK—T should it may n back	9. Indu	stry or business ork was done, as	SILK MILL.						
Sho sho on b	0 10. Date	AW MILL, BANK deceased last w	orked at	11. Totel	time (years)	***************************************			
- T	1 - 1	his occupation (m ear)	onth and	sp	ent in this cupation				
	12 RIDTUDI	ACE (city or town	dela	addie	ce	Other Contributory Causes of	Importance:		
d. d. so s. so ructi		or country)	Mar	y face	-/	X lucules	Tree	æv.	8 19
UNFA supplied n terms, ee instr	13. NAM	Than	as F	Lacu	ell				
D = 4	13. NAM	HPLACE (city or	town)	Culous	-co-e	Name of operation		Date of	
H -= 70	1	State or country)	o me	arcala	eed	What test confirmed diagnosis	s?	Was there as	n autopsy?
WITH fully n pla	15. MAI 16. BIRT	DEN NAME	ecca &	Valence	a de	23. If death was due to externa	al causes (VIOLENCE) fill i	n also the followi	ing:
INLY, W be carefu EATH in important	0 16. BIRT	HPLACE (city or	1. 1	luke	our-	Accident, suicide, or homicide	? Da	te of Injury	, 19
AINLY, d be ca DEATH r import	2	State or country	· nc	ary ca	sed .	Where did injury occur?	(Specify city or to	wn, county and S	tate)
AI Id 1 DE y in	17. INFORMA		opela	L' Re	tarko	Specify whether injury occurr	ed in INDUSTRY, in HOMI	E, or in PUBLIC F	PLACE.
Should OF D	18 BURIAL	ress) CREMATION, OR	REMOVAL	erul	e Md.				
E E E		Morgan	Chapel (Ant Boote Mon	.12 1036	Menner of injury			
-WRI mation CAUS TION		-/-	1/	20 11 11	_	Nature of injury			
T S T	19. UNDERT		10.1	y place	8 marl	24. Wes disease or injury in a	my wey related to occupati	on of deceased?	
m (T)		21	71.	2 KL	1. Sheer	(Signed) Alas	ed au K	cea	M. D
Z.	20. FILED	25/0	19 3 6		4	- (844)	A ben	100	m/

TARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I V E D	1	Example II	
The principal cause of teath and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEC 3 1930	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11300
1. PLACE OF DEATH	- W-2) /
County Canal	Registration Dist. No. 77
Village or City Quelsteed	NoSt.,Ward
Length of residence in city or town where death occurred. 40 yrsmos. 2. FULL NAME Wishael 4 yrs.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds,
(a) Residence: No.	St., Ward,
(Usus place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of Commiss Seiff Grand	22. I HEREBY CERTIFY, That I attended deceased from 22, 1936, to Nov. 4, 1936
6. DATE OF BIRTH (month, day, and year) Dec 24-1865	I last saw h save elive on LVV 3, 1936; deeth is said
7. AGE Years Months Days If LESS than 1 dey,hrs.	to heve occurred on the date stated above, et 42.20.6m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Hafalic Garcinoma Sef 1936
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and page 1) year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) ** Many Care & Constant or country)	Other Contributory Causes of importance:
13. NAME VILLAU STRUME 14. BIRTHPLACE (city or town) WILLIAM (State or country)	
[State or country]	Name of operation Date of
15. MAIDEN NAME Padome Titalian	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Ladora Wilion 16. BIRTHPLACE (city or town) May laud (Stete or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT My Miolage Guiges (Address) Hamble of Mid	Where did injury occur?
18. BURIAL, CREMATION, ON MEMORYAL Place Hampites Mel Dete Nov 6, 1936	Manner of injury
19. UNDERTAKER Education (Address) Sample to an internal med	24. Was disease or injury in any way related to occupation of deceased?
20. FILED NOV 5, 19 36 John S. Hugher	(Signed) Edges M. M. D. moll M. D. (Address) Hampstead Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example 1	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis—	1921	Run over by street car	1 week ago
Cerebral hemorrhape	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state

Every item of infor-

OCCUPA-

8

Exact statement

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be

TION is very important.

20. FILED NOW 30th, 1936 Calvin By

1. PLACE OF DEATH	(82-0)
County Carroll	Registration Dist. No. 72.
Village or City Ussion Mills	NoSt., Ward
Length of residence In city or town where death occurred 60 yrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsdsds.
2. FULL NAME Edward Trancis &	nost
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Jou 28 (Month) (Day) (Year)
AGE Years Months Days If LESS than I day,	22. I HEREBY CERTIFY, Jhat I attended deceased from 1986, to 1986. I last saw have alive on 1992 1995; death is said to have occurred on the data stated above, at 200 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset Other Contributory Causes of Importance:
14. BIRTHPLACE (city or town) (State or country) (State or country)	Name of operation
15. MAIDEN NAME Elifa Jouber 16. BIRTHPLACE (city or town) - Maryland 7. INFORMANT Hary Hope (Address) 8. BURIAL, CREMATION, OR REMOYAL Place Fluir Plan Date Dec / 1936	What test confirmed diagnosis? Was there an europsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury 19 Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury

Registrar.

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	- 1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arterioselerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
3 1					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	E OF	MAR	YLAND—	CERTIFICATE OF DEATH	361
County Carroll			// m	Registration Dist. No. 83	
Village or City R.D. S	ykesv:	ille,	#2	No. St., death occurred in a hospital or institution, give its NAME instead of street and number	_Ward
Length of residence in city or tow	n where death	occurred 38		ds. How long In U.S. if of foreign birth?yrsmos	
2. FULL NAME Kath	erine	Hentz	man	If U. S. Veteran, specify WAR	
(a) Residence: No. near	Winf:	ield,	Md.	St., Ward.	
		(Usual place	of abode)	If nonresident give city or town and State	
PERSONAL AND STA			RIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
		OR DIVORCE	D (write the word)	Nov. 19, (Day) , 1936	
Female White	1 1	Nidowe	<u> </u>	(Month) (Day) (Y	(ear)
HUSBANO of	ugust	Н. Не	entzman	22. I HEREBY CERTIFY, That I attended deceas Non 6th 1976, to Non 6th 19	ed from
6. DATE OF BIRTH (month, day, and ye	June	5.]	1857	I last saw her alive on Twon 64 ,1936; deat	h is said
	onths	Days	If LESS than	to have occurred on the date stated above, at 6 : 30 Pm.	
79	5	14	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ofonset
8. Trade, profession, or particular kind of work done, as SPIN SAWYER, BOOKKEEPER, etc.	INER. TIOT	usewi1	°e	Progressine Musculan Parelyans	
Kind of work done, as SPIN SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, as SILK MI SAW MILL, BANK, etc	LL, Os	wn Hon	ne		
10. Date deceased last worked at this occupation (month and year)		11. Total t	ime (years) nt in this ife upation		
12. BIRTHPLACE (city or town)	erman	 V		Other Centributery Causes of importance:	
13. NAME Henry Kag	cler				
13. NAME Henry Kag		rmany		Name of operation Date of Date of Was there an autopsy	
15. MAIOEN NAME Unk	cown			23. If death was due to external causes (VIOLENCE) fill in also the following:	10000
15. MAIOEN NAME Unk 16. BIRTHPLACE (city or town) (State or country)		kown	****	Accident, suicide, or homicide? Date of Injury, Where did Injury occur?	19
17. INFORMANT Mr. Henr (Address) R.D. #2	y Hen	tzman ville	Md.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Messiah Lutherar				Manner of injury	
19. UNDERTAKER. Wir	M. Ma	eltz.		24. Was disease or injury in any way related to occupation of deceased?	0
20. FILED PLON 28, 1936	Edje	am	Versett.	(Signed) (Address) New Windson m	M. [

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		of importance were as follows:		
ATTETTOSCIETOSIS	1910	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis DEC 3 1800	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
PUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

-WRITE PLAIN

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V. S. No. 1

should state

11303

1. PLACE OF DEATH		82-70		~4 /
County Carrell -		Δ	Registration Dist. No.	74
Village or City Sylkeron	ele	No keing feeld.	State Hosper	elal Ward
Length of residence in the or town where dea	2 11	If death occurred in a habital or institutions. 2. ds. How long in U.S. if of	on, give its NAME instead of street foreign birth?yrs	
2. FULL NAME alkerin	a Verliner	If U. S. Veteran, s	pecify WAR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(a) Residence: No.	(Usual place of abode)	St., Ward re	If nonresident give city or town	n and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CE	RTIFICATE OF DEAT	Н
3. SEX 4. COLOR OR RACE	or DIVORCED (write the word)	21. DATE OF DEATH	(Month) (Day)	, 193_O(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alebertany	Kreiner		CERTIFY, That I ette	nded deceased from
6. DATE OF BIRTH (month, day, and year)	t. 10, 1870	I last saw h. Ak. aliva on Il	1 1 1	26; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated	2 3 . 1	
66 716 0	2/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH	and ralatad causes of importance	
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	More	arteriorel	exosis	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc		-		
10. Date deceased last worked at this occupation (month and year)	11. Total tima (years) spent in this occupation	Other Contributory Causes of Impor		
12. BIRTHPLACE (city or town) luke	upna	Other Contributory Causes of Impor	cance.	
(State or country) Wakes	Dala	Cereful He	morrhage	10-29-
14. BIRTHPLACE (city or town) flux	kunan	Name of operation	Date	a of
(State or country)	uru/	Whet test confirmed diagnosis?		-1.
15. MAIDEN NAME Catherine	(Mukeum)	23. If death was due to external caus	ses (VIOLENCE) fill in also the fol	lowing:
15. MAIDEN NAME Calhoring 16. BIRTHPLACE (city or town) (State or country)	akurn	Accident, suicide, or homicide?	Date of injury	, 19
State or country)	ugez	Where did injury occur?	/o	10
17. INFORMANT of bifal	belle Md	Specify whether injury occurred in	(Specify city or town, county an INDUSTRY, in HOME, or In PUBL	IC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Outle rel	Data 2001. 4/36	Manner of injury		
19. UNDERTAKER Ser a Oan	ley to	24. Was disease or injury in any wa		d?
20. FILED Nov. 1, 19 36 Q	Jany Hur	(Signed)	M Care	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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- 10.—The month and year the deceased last worked at the occupation.
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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	2,1016	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	. 1984	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Pernonitis	3 days ago	
	104	4/		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

AGE OF DECEASED changed in accordance with letter filed November 6, 1936 under DR. REES acknowledging error in records of Hospital. - Bureau Vital Statistics, Md. State Dept. Health. - L.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	14
1. PLACE OF DEATH	957	1
County Carroll	Registration Dist. No.	4
Village or CityApringfield State Hosp	, No. Rypesville md. st.	Ward
Length of residence in city or town where death occurredyrsmos.	death occurred it a hospital or institution, give its NAME instead of street and num 27. ds. wow long in U.S. if of foreign birth?	
2. FULL NAME William Thomas L	arkin	
(a) Residence: No 2427 Edmonson ave	Baltimore, Md.	E11.31
(Usual place of abode)	If nonresident give city or town and Sta	te
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Country OR DIVORCED (write the word)	21. DATE OF DEATH November 14 , 18 (Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Guildener	22. I HEREBY CERTIFY, That I attended dec	aased from
6. DATE OF BIRTH (month, day, and year) Sept. 1874	7 4 41 116 21	aath is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, et 3:40P.m.	
62 1 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance	
8 Trade profession or particular	The state of the s	ats of onset
9. industry or husiness in which	Chronic Cardio-Vascular	
work was done, as SILK MILL, SAW MILL, BANK, etc	Disease kn	rown
O 10. Date decaasad last worked at this occupation (month and spant in this occupation coupation coupation coupation this occupation this occupation coupation coupati	since	9-18-3
12. BIRTHPLACE (city or town) Richmond (State or country)	Other Contributory Causes of importance:	** ** ** ** ** ** ** ** ** **
I 13. NAME Golish Larkin		
I / 3	Neme of operation Nove Data of	
4. BIRTHPLACE (city or town)	Neme of operation Data of Data of Whet test confirmed diagnosis? Was there an euto	nev2 27 A
# 15. MAIDEN NAME Unknown	23. If death was due to external causes (VIOL ENCE) fill in also the following:	payrere
16. BIRTHPLACE (city or town) Unknown (State or country)	Accident, suicide, or homicide? Data of injury	19
E (State or country) Consland	Where did injury occur?	
17. INFORMANT Substal records (Address) Substal records	(Specify city or town, county and State) Spacify whethar injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE	•
18. BURIAL, CREMATION, OR REMOVAL Date Nov. 17, 1936	Manner of injury	
19. UNDERTAKER Welloam Cook (Addrass) Balterson	24. Was disaase or injury in any way ralated to occupation of deceasad? If so, spacify	
20. FILED NOV. 14, 1936 CHarry New Registrar.	(Signed) M. Durginia Bayer	M. D.
	2411 N. Charles Street, Balismore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
V S I				
Other contributory causes of importance:		Other contributory causes of importance:	10 10 11 72	
Gallstones	May 1,1923	Gastroenteritis	1 year	
15.				

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF BEATT
CountyCarroll	Registration Dist. No. 74
Village or City Springfield State Hospita	
2. FULL NAME Lawrence Lautenbach (a) Residence: No. 2005 Longwood (Usualplace of abode)	If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Married	21. DATE OF DEATH November 5, 1936 (Month) (Day) (Year)
5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of Mamie McDannel 6. DATE OF BIRTH (month, day, and year) July 15, 1885	22. I HEREBY CERTIFY, That I attanded daceased from October 21,, 19.36, to November 5, 1936.; deeth is seld
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2 ± 2.3 cm, M The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNERCLERK SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, Drug Store SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and of the saw in this occupation of the saw in the saw	Acute Lobar Pneumonia 11/4/36
yaar) April, 1936 occupation 25 12. BIRTHPLACE (city or town) Baltimore (State or country) Md.	Dthar Contributory Causes of Importanca: Manic Depressive Psychosis (Hypermanic Phase) March, 1936
13. NAME Robert Lautenbach 14. BIRTHPLACE (city or town) Baltimore, (State or country)	Name of oparation Dete of What test confirmed diagnosis? Clinical Sy Was there the Sutopsy? No.
15. MAIDEN NAME Endor Nason 16. BIRTHPLACE (city or town) Boston, (State or country) Mass.	23. If daath was due to external causas (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANTSpringfield Hospital Records (Address) Sykesville, Md. 18. BURIAL, CREMATION OF REMOVAL)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury
19. UNDERTAKER 6. M. Walte. (Address) 19. UNDERTAKER 6. M. Walte. (Address) 20. EUED 10. B. C. Harry New	Nature of injury 24. Was disease or injury in any way related to occupation of decaased? No If so, specify (Signed) Havy F. Baer M. D.
20. FILED 2007, 1906 Registrar.	(Address) Sykesville, Md.

CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLAINLY,

PHYSICIANS should state Every item of infor-

A PERMANENT RE stated EXACTLY.

UNFADING INK-THIS ARGIN RESERVED

AGE should be

FOR BINDING

Exact statement of OCCUPA-

classified.

be

certificate. properly

TION is very important. See instructions on back of

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921_	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonilis	3 days ago
	13	4 2 3 3 0 3 1 3	
Other contributory causes of importance:	1 / 8	Other contributory causes of importance:	Helin :
Gallstones	May 1,1923	Gastroenteritis	1 year
		8	

Exact statement of OCCUPA.

STATE	OF	MARYL	AND-CE	ERTIFICA	ATE	OF	DEATH
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2	-	110	15	0
- 1	-8	3	11	P.
	1.6	13	17	U

1. PLACE OF DEATH	4			(15	59)		
County Carr	vel			<u>C</u>	Registration Di	ist. No. 7	4
Village or City Q	Isla	nd h	ullo	No.		12	Ward
Length of residence In city			(If	death occurred in a hospital	or institution, give its NAME	instead of street and nu	imber)
	town whate d	aath occurred	yrsmos	. Y. Mow long in	U.S. if of foreign birth?	yrsmos.	ds.
2. FULL NAME	ngai	it yea	Merwood	If U. S. V	eteran, specify WAR		
(a) Residence: No. Q	alsla	(Usual place	mills	St., Ward.		ive city or town and S	
PERSONAL AND	STATISTI			MEDIC	CAL CERTIFICATE		tate
3. SEX 4. COLOR		5. SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DE			
male wh	ite	OR DIVORCE	D (write tha word)		Jorandas	6	1936
5a. If married, widowad, or divorca	đ				(Month)	(Day)	(Year)
HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, Thet I attended daceased from			ceased from
	40.	(1 . 5 - 1	nov 6	, 19.3 6 , to	nov 6	, 19.3.6.
6. DATE OF BIRTH (month, day, a	Months	Days	6 1936	to have occurred on the	0	1936;	death is sald
1. AGE Tests	MOIILIIS	Days	I day 5 hrs.		OF DEATH and related causes		
8. Trede, profession, or parti	auta.		ormin.	were as follows:	t to	440	Date of onsot
kind of work done, as SAWYER, BOOKKEEPE	SPINNER,			10	10	(2000)	
		• • • • • • • • • • • • • • • • • • • •		Allen 9	Maring A.		
9. Industry or business in w work was dona, as SIL SAW MILL, BANK, etc.	K MILL,			Cuanin	1.0)		
10. Date decaasad last worke this occupation (month	d at and	11. Total t	ime (years) nt in this	Copia			
year)	^ ^ ^	OCCI	upation	Othar Contributory Cause	a of Importance		
12. BIRTHPLACE (city or town)	Valsla	nd mill	a Carrolly	Othar conditions cause	of importance.		
(State or country)		mel					
13. NAME Carera 14. BIRTHPLACE (city or town	u H	Teathe	wood				
I4. BIRTHPLACE (city or town)	·A		Neme of operation		Date of	
(State of country)	a a	9	- ()	What test confirmed diag	nosis?	Was thara an eul	topsy?
I 15. MAIDEN NAME PULL	h car	melila	. Drugder	23. If death was due to ext	ternal causes (VIOLENCE) fill i	in also the following:	
15. MAIDEN NAME 1901)		0	Accident, suicide, or homi	icida? Da	ite of injury	, 19
(Stata or country)	- 1	ma		Whare did injury occur?_	(Specify city or to	wn, county and State)	
17. INFORMANT Clarer	u H	Tealhe	ulvool	Specify whather injury oc	curred in INDUSTRY, in HOM	E, or in PUBLIC PLAC	E.
(Address) 18. BUBIAL, CREMATION, OP REM) yree	bille.	ma				
WV Place Cliver	Juse.	note Wa	N. 7 1986	Manner of injury			
\$/.	D		, 1530.22	Nature of injury			7-
19. UNDERTAKER New York Sur.					in any way related to occupati	on of decaased?	20
(Address)	reas	Al To	was.	If so, specify	5 M. 7		
20. FILED 26 , 19	36 (0	Ham	1 New	(Signed)	2 1 1 anda	M	M. D.
			Registrar.	(Addrass)	and the second	and In	d

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11.—The number of years the deceased followed the occupation.

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e e	Example I	1. 1	Example II		
The principal cause of death and related causes pate of of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	nec 3 1930	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
	g to the second				
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

Sept.

1928

carefully

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OF

very important

FATHER

BINDING

RESERVED

County Carroll Village or City Henryton, Maryland.

STATE OF MARYLAND—CERTIFICATE OF DEATH Maryland Tuberculosis Sanatorium 1. PLACE OF DEATH

Colored Branch

Registration Dist. No.

Length of residence in city or town where death occurred O yrs. 5 mos. 20 ds. How long in U.S. if of foreign birth? XXXX mos. mos. 2. FULL NAME Edna Virginia Madison

_ If U. S. Veteran, specify WAR.

(a) Residence: No. 1618 Whatcoat St., Baltimore, Middle

PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word)
Married Female Colored 5a, if married, widowed, or divorced HUSBAND of Fleming Madison (or) WIFE of 6. DATE OF BIRTH (month, day, end year) Dec . , 26. 1890 7. AGE Months If LESS than to heve occurred on the data stated abova, at.

HEREBY CERTIFY, That I attended deceased from NOV., 2, 1936

MEDICAL CERTIFICATE OF DEATH

Days 10

Pulmonary Tuberculosis

8. Trede, profassion, or particular kind of work done, as SPINNER. Housewife SAWYER, BOOKKEEPER, etc. OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.....

45

10. Date daceased last worked at

11. Total time (yaars)

this occupation (month and year) Gardenville. 12. BIRTHPLACE (city or town) Virginia. (State or country)

Albert Johnson 13. NAME

Gardenville. 14, BIRTHPLACE (city or town) Virginia (State or country)

Emma Fry 15. MAIDEN NAME

Gardenville, 16. BIRTHPLACE (city or town) Virginia (Stete or country)

John E. O'Neill, M. D., Henryton, Maryland. (Addrass)

18. BURIAL, CREMATION, OR REMOVAL

11/2/36

Deputy Loca Registrar.

What test confirmed diagnosis?____ 23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? ...

Whare did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

24. Was disaese or injury in any way related to occupation of dacaased?

if so, spacify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Name of operation.

Nature of Injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

1	1	2)	11	(3	
1	1	U	U	0	

1. PLACE OF DEATH		(96.P)		
County Carroll	y		Registration Dist. No. 7	
Village or City Man ell	5/1	Mo. death occurred in a hospital or institution, and the second of the	St.,St.,St.,St.,St.,	
2. FULL NAME Medina	lia anna	Manchay		
(a) Residence: No.	(Usual place of abode)	St., Ward.	If nonresident give city or town a	nd State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERT	TIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	LOV 29 onth) (Day)	, 193 (
5a. If married, widowed, or divorced has band of (or) WIFE of (buy)	naudiag	22. 1 HEREBY C	ERTIFY. That I attende	, 19-26_
6. DATE OF BIRTH (month, day, all dyear) 7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated abo The PRINCIPAL CAUSE OF DEATH en were as follows:	ove, et 6 a . m.	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spent in this occupation	arteriose	lises	
12. BIRTHPLACE (city or town) (State or country)	fand	Other Contributory Causes of Important	swa Tylertrophy	
13. NAME Search 14. BIRTHPLACE (city or town) (State or country)	yland	Name of operetion What test confirmed diagnosis?		n autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place 18. MAIDEN NAME 19. MAIDEN NAME 19. MAIDEN NAME 10. MAIDEN NAME 10. MAIDEN NAME 11. MAIDEN NAME 12. MAIDEN NAME 13. MAIDEN NAME 14. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	Land Sprifted.	23. If death was due to external causes (Accident, sulcide, or homicide? Where did injury occur? () Specify whether injury occurred in INE	VIOLENCE) fill in also the follow Date of Injury Specify city or town, county and S USTRY, In HOME, or in PUBLIC	ing: , 19 tale) PLACE.
19. UNDERTAKER ACOUNTY (Address) Management (Address) Management (Address) (Ar. G. S. Alumu Registrar.	24. Was disease or injury In any way re If so, specify (Signed) Wulls (Address) Was	elated to occupation of deceased?	ny m.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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County Careell		Registration Dist. No. 7 4	_
Village or City	ville 3	No. Activity of the state of institution, give its NAME instead of street and number of the stre	avaice)
2. FULL NAME Palls (a) Residence: No. 4 4	Reclassic (Usual place of abode)	If U. S. Veteran, specify WAR Ward, If nonresident give city or town and State	ds
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Y	6
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of	Martin	22. I HEREBY CERTIFY, That I attended decess	
6. DATE OF BIRTH (month, day, and year)	1 7. 1871	11	h is sai
7. AGE Years Months 6 5 9	Days If LESS than I day,hrs. ormin,	to have occurred on the data stated above, at 7. 20 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	of onsei
8. Trada, profassion, or particular/ kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc	Mane	A	5/3
SAW MILL, BANK, atc	11. Total tima (years) spent in this occupation		
12. BIRTHPLACE (city or town) Claub	eville	Dther Centributery Causes of importanca:	
(Stata or country) Fly 13. NAME Quedreco E	Thankson	adenous of printing pr	936
13. NAME Quadrer & 14. BIRTHPLACE (city or town) Lafae (State or country)	Linar doan	Nama of operation Data of	10
15. MAIDEN NAME Joka	Ragers.	What tast confirmed diagnosis?	()
15. MAIDEN NAME Jaka 16. BIRTHPLACE (city or town) Calc (State or country) Qua	molia County	Accident, suicida, or homicida?	9
17. INFORMANT Kespetal (Addrass) Dakes	Ceardo.	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	pata 11/2/13	Mannar of injury	
19. UNDERTAKER (Address) 300 Eucl	Melint	24. Was disaasa or injury In any way ralated to occupation of decaasad?	
20. FILED Mar. 45, 1936 Cent	ary Meer Registrar.	(Signad) Mand Ill Person	М.
If more	blanks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	-

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	53-0.
County Oard	Registration Dist. No. 75
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? yrs. mos. ds.
0.	If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH How. 2.9 (193 6 (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. Jan. 1 HEREBY CERTIFY, That I ettended decessed in the
6. DATE OF BIRTH (month, day, end year) afacil 28. 1914	I lad sew his alive on Nov. 28 136 deeth is said
7. AGE Years Months Days If LESS than I dey,hrs.	to have occurred on the dete stated above, et 2.35 %-m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Malignant Brain
kind of work done, es SPINNER, Rack SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, W. SAW MILL, BANK, etc 10. Date deceesed last worked at this occupation (month and this preparation (month and specific properties).	Jumas he 192
O 10. Date decesed last worked at this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME Leo. J. Morgman	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Flore Muse Fowble	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	Accident, sulcide, or homicide?
17. INFORMANT Seo. Herry man. (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CHEMATION, OR REMOVAL Place Receit Works > Dete Lie. 3, 19 36	Manner of injury
19. UNDERTAKER Sew Genfley Cock, Co	24. Wes disease or injury in eny wey related to occupetion of deceased?
20. FILED PM. 30, 1936 MW. H. J. S. Lenner Registrar.	(Signed) Maurice C. Griter feet M. C. (Address) Marsanter Durch

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. St.	الد			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1111	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Sanoll	military Registration District
Village or City Winterinster	ND. E. J. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	2/_ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME Cattie Firmell	Wittee
(a) Residence: Np. E. Main (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow	21. DATE OF DEATH Mov. (Month) (Day) (Year)
5a. If married, widowed, or divorged HUSBAND of (or) WIFE of Charles N. Mattee	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) Clbil 19, 1853 7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEPPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and year) occupation.	were as follows: Date of onset Original (934)
12. BIRTHPLACE (city or town) (State or country) 13. NAME John M. Binnessan	Dther Coutributory Causes of Importance:
14. BIRTHPLACE (city or town) (State or country) Manyaud	Name of operation what test confirmed diagnosis? They Law Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Many Linesell 16. Birthplace (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Mus. D. S. Geles Med. (Address) Westerwinster Med.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OF REMOVAL COM. LOUGON Park. Com. PlaceBaltimore, Md. Date. Nov. 24, 19. 3	Manner of injury
19. UNDERTAKER J. Francis Luces (Address) Wishington, U.A.	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED 11/2-7, 19 TC 11 CC Registrar	(Signed) M. D. (Address) M. D.

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Example	and the same of th	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 90	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
. Aa	g. ,		
The Park of the Control of the Contr			
Other contributory causes of importance:		Other contributory causes of importance:	24.110
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

PHYSICIANS should state

Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

ARGIN RESERVED FOR BINDING V. S. No. 1

Mintakina. STATE OF MARYLAND-CERTIFICATE OF DEATH

1	00 1 -					
1. PLACE OF DEATH					83)	
	County	Carroll			Registration Dist. No. 2 -	4
	Village or City	Springfie]	ld State	e Hospita] Carles carrilles Md	
				(10	f death occurred in a hospital or institution, give its NAME instead of street and a	umber)
		nce in city or town where o			s4ds. How long In U.S. if of foreign birth?yrsma	sds.
	2. FULL NAM	E Harry Web	4.4	4	If U. S. Veteran, specify WAR	
	(a) Residence	: No	(Usual place	enound of abode)	St., Ward. Baltimore, Md. If nonresident give eity or town and	State
	PERSONA	L AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	Male 4	White		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH November 23, (Month) (Day)	, 1935
5a	. If married, widowed, HUSBAND of	or divorced				
	(or) WIFE of	Unknown			22. I HEREBY CERTIFY, That I attended	
				1878	April 15, 1936, to NOV. 23, 1936	
	AGE Years	mth, day, and year) Months	Devs	If LESS than	to heve occurred on the dete stated above, at	; death is said
	58	2	?	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
_	8. Trade, profession	on or particular	1	ormin.	were as follows:	Date of onset
NO	kind of wor		arber a	an d	General Paralysis of the Prior to 12-19	20
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc				DPAC 98	Insane. Prior to 12-19	
				r		
				time (years)	·	
-	year)	1320	occ	upation	Other Contributory Causes of Importance:	
12	BIRTHPLACE (city o				other conditions of importance.	
	(State or country) Maryla	end		Acute lobar pneumonia. 11-	20-36.
FATHER	13. NAME	Joseph Moo	ney			
ATF	14. BIRTHPLACE (ci	ity or town)			Neme of operation ub tests and clined	
	(Stete or con	untry) Unkno	wn		What test confirmed diagnosis? Wes there an e	utopsy? NO.
MOTHER	15. MAIDEN NAME	Elizabe	th	?	23. If deeth was due to external couses (VIOL ENCE) fill in also the following	
071	16. BIRTHPLACE (ci	ity or town)			Accident, suicide, or homicide? Dete of Injury	
Σ	(State or co		lown		Where did injury occur?	
17	INFORMANT Sp	ringfield	Hosp.	records	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	CE.
	(Address)	Sykesvil				
18	BURIAL, CREMATION	OR REMOVAL	Que. Q.	4.1 36	Manner of Injury	
7	Pract	Vio June	Date	, 19	Nature of injury	
19	. UNDERTAKER	un ros	u de	w.	24. Was disease or Injury in any way related to occupation of deceased?	lo.
	(Address)	Sylver	the y	ud.	If so, specify	
20	FILED HOVE	1 1936 B	Harry	Near	(Signed) Howry J. Baer	M. D.
-		, 10-1		Registrar.	(Address) Psykesville, 7	nd.

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10.—The month and year the deceased last worked at the occupation.

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Example I	-	Example II	
The principal cause of death and related can of importance were as follows:	pate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEC 3 1939		Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Jaly 5, 1927	Peritonitis	3 days ago
		Allega,	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

.1		ARGIN	RES	ERVE	iD]	FOR B	ARGIN RESERVED FOR BINDING			W)	
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECEALD. Every item of infor-	WITH	UNFADI	NG IN	IK-TI	IIS	IS A PE	ERMANENT	REC6.	D. Every	item of	infor-
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	efully	supplied.	AGE s	plnous	be s	tated E	XACTL	Y. PH	RSICIANS	should	state
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	in plain	n terms, so	that i	t may	be I	roperly	classified.	Exact	statement	of OCC	UPA-
TION is very important. See instructions on back of certificate.	int. S	ee instruct	ions on	hack	of co	ertificate	4				

	OF DEATH Carroll		(131)	7/
	or City hr Westm	instea	Registration Dist. No	f. 13
Village o	ir city AN IN LOUND	WALLON (I	NoNoNo	St.,Wa et and number)
Length of	residence in city or town where	death occurred	ds. How long in U.S. if of foreign birth?yrs	mos,
2. FULL N	NAME Juste L	arred nuebaums		
(a) Resid	dence: No.		St., Ward.	
DEDC	ONAL AND STATIST	(Usual place of abode)	If nonresident give city or to	
3. SEX	1	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	тн
m	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widoww	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
HUSBAND o	dowed or divorced Ella	Trusbaum	22. I HEREBY CERTIFY, Ihat i at	tanded deceased fo
(or) WIFE o			nov. 9 1836 to nov	9 193
DATE OF BIRT	TH (month, day, and year)	cc. 11 185.5.	I last saw hamalive on MOU9.	36; death is s
. AGE	Years Months	Days If LESS than	to have occurred on the date stated above, at	
	80 10	2 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of important were as follows	Date of on
8. Trada, pr	ofession, or particular of work done, as SPINNER, YER, BOOKKEEPER, etc	Farmer Relia	Chronic Interstitias	
9 Industry	ER, BOOKKEEPER, etc		Ellephrelis	1930
kind SAWY 9 Industry work SAW 10. Data dec	or business in which was done, as SILK MILL, MILL, BANK, etc		1/0/11/2 8-0-1/	102
10. Data dec this o year)	eased last worked et ccupation (month and	II. Total time (years) spant in this occupation	myuun runggusus	4 1931
2. BIRTHPLACE	(aity or town)		Other Contributory Canaca of Importance:	1
(Stata or			or alating	102
13. NAME	Wm. nus	faum	TO SECRETARY SECTION AND ADDRESS OF THE PARTY OF THE PART	4.7.2.
14. BIRTHPLACE (city or town) - 2nd			Nama of operation 2000 Da	ta of
(31816	e or country)		Q1 4	era an autopsyfic
15. MAIDEN	NAME Lydia	Tuscon	23. If death was dua to external causes (VIOL ENCE) fill in also tha fo	ollowing:
	ACE (city or town) M C	1	Accident, suicide, or homicida? Data of injury_	, 19
(State	a or country)		Where did injury occur? (Specify city or town, county a	nd State)
7. INFORMANT	motara 1101		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	LIC PLACE.
(Address) B. BURIAL, CREA	MATION, OR BEMOVAL	marn Ina.		
Place	aust Elm.	Date how 12 1936	Manner of injury	
9. UNDERTAKER	1	(toon	Nature of injury	ed? MO
(Address)	yesmins	The sale	ft so, specify	1
O. FILED	111,19204	10000000	(Signed) Change Transfer	a) uil
/		Registrar	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	we ever

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	Example 1		Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVEDI	1915	Attack of epilepsy	1 week ago	
Chronic interstitial	ephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DEC 4 1936	July 5,1927	Peritonitis	3 days ago	
	BURRAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	SPACE FOR FURTHER STATEMENTS BY PHYSIC	\mathbf{BY}	STATEMENTS	FURTHER	FOR	SPACE	ADDITIONAL
---	--	---------------	------------	---------	-----	-------	------------

1. PLACE OF DEATH			1
County Gavall	J	Registration Dist. No.	<i>)</i>
Village or Citylleas Janey	town	NoSt.,Steach occurred in a hospital or institution, give its NAME instead of street and nu	mber)
Length of residenca in city or town whera death occ	urrad 3yrs 1 mo	ds. How long In U.S. if of foreign birth?yrsmos	
2. FULL NAME This Chu	na rave	Cl. A. A.	
(a) Residence: No. Ovc	sual place of abode)	V. St., Ward. If nonresident give city or town and S	tate
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
J W OR	GLE, MARRIED, WIDOWED, DIVORCED, (write the word)	21. DATE OF DEATHY (Month) (Dey)	193(Ye
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of		HEREBY CERTIFY. That I attanded d	ecease
(OI) WIFE OI	0.1.	(1 1936 to MOU)	, 19.
6. DATE OF BIRTH (month, day, end year)	4,1843	I lest saw h. A. alive on 2007 19 8	death
7. AGE Years Months	Days If LESS than	to have occurred on the data stated above, et 81 30 A	
93 9	1 dey,hrs ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Datao
8. Trada, profession, or perticular		A CAHI	Data
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	1	(lluto (y y corden	3-
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	usewous	1	
	11. Total time (yeers) spant in this	1 services	
O this occupation (month and yaar)	spant in this occupation	knother of hip due to accidentale fall co	45
12. BIRTHPLACE (city or town Inches	.Va:	Other Contributory Canses of importance	4
(State or country)	5	- Delin Dolinger	
II. NAME Unlever	vy-	and rasela level drawn	10
14. BIRTHPLACE (city or town)	Menon	Neme of operation 1002 1 Date of	1
(Stete of country)		What test confirmed diagnosis? O lacceed. Wes there en au	lopsy?
15. MAIDEN NAME	nt	23. If death wes dua to externel causes (VIOLENCE) fill in elso the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	m	Accident, suicida, or homicide? Accident. Dete of Injury	, 19
(State or country)		Where did injury occur?	
17. INFORMANT 2 Santy Control	me.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE -in her home.	CE.
18. BURIAL, CREMATION, OR REMOVAL	UN.8 .31	Manner of Injury - Assidental Fulla	
Date	1976	Nature of injury	-
19. UNDERTAKER	Toon	24. Was diseesa or injury in any wey ralated to occupation of deceased?	u
(Address)	The Man	If so, specify thoreach Haute	5
20. FILED 10V 81 , 196 (See 1)	Mefring	(Signed)	00.
	Freal Registrar.	(Address)	

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Example I	7	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis DED 4 1980	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s	النا		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE

FOR BINDING

1. PLACE OF DEATH	(3)
County Caspoll	Registration Dist. No.
Village or City New Whites	No. St., Ward
Length of residence in city or town where death occurred	If death occurred in a horpital or institution, give its NAME instead of street and number) os
2. FULL NAME Martha adire	Richardson
	St., Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (16) fire the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, of divorced HUSBAND of Wife o	22. I HEREBY CERTIFY. That I attended deceased from
I'm The early Cryenarason	Nov 19 ,1936, to 100, 21 ,1936
6. DATE OF BIRTH (month, day, and year) April 2 185	I last saw h _ alive on _ Thou
7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, at
8 / 19 ofmin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Wousekeeper, SAMYER, BODKKEEPER, etc.	0.71 : 1010-010
9. Industry or husiness in which	Phones & Tr. STIT: 1 Malules 1935
work was done, as SILK MILL, At home	Christe Hemorton le 11-15-36
	18-36
year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Dams College (State or country)	
The factor of the	
13. NAME Janah Devilving 14. BIRTHPLACE (city or town) Lawy Coeps Ma	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Pancy Redemins 16. BIRTHPLACE (city or town) Mow your soon M.	Accident, suicide, or homicide? Date of Injury 19
S (State or country)	Where did injury occur?
17. INFORMANT Relya M. Richardso	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.
(Address) Sew Windoby Wis	Manner of Injury
Place Writers Ceny Data How 24, 1936	2- Nature of Injury
2 Daladot Da Sa	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
Char 24 36 Proces & B	(Signed) Jas J. Thorab BMD.
20, FILED Paristra	- (Address) Medleman M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related car of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
17-7-1	7.			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	B Gastroenteritis	1 year	

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	F MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH		943
County Darroce	+ / n.	Registration Dist. No//
Village or City tampo	lead, IN.	MoSt.,W death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where de	ath occurred 50 yrsmos	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Tarriel	Webster / Ce	el)
(a) Residence: No.		St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
Male While	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (oc) WIFE of)	ann Pill	22. I HEREBY CERTIFY, That I attended deceased f
DATE OF BIRTH (month, day/and year) M	W 21-1864	
. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at
71 11	10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	······································	Covening Thrombour and
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	-0 -	7
SAW MILL, BANK, etc	11. Total time (years).	
this occupation (month and year)	spant in this occupation	
2. BIRTHPLACE (city or town) Dance (State or couptry)	Instead	Other Contributory Causes of importance:
13. NAME Leverand	Rell	
13. NAME 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	usia	Name of operation
(State of country)	many	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Elizabette	Sreft.	23. if death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME (STATE OF COURTER)	ltimore	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	ugland.	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT A Paggrest (Address)	aliad Rell	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Piace Welley Chefre	Date Nov 3 1936	Manner of injury
19. UNDERTAKER Edwelli (Address) Hambal	ploned	24. Was disease or injury in any way related to occupation of deceased?
20. FILED nort , 1936 Ad	in S. Hugles Jr	(Signed) Calgres M. Drash

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes	Date of onset
1915	of importance were as follows: Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
_	1921 July 5 , 1927	1921 Run over by street car Iuly 5,1927 Peritonitis Other contributory causes of importance:

N. B.

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

item of inforshould state of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	CERTIFICATE OF BEATTI
	186-0
County Quoel	Registration Dist. No.
Village or City near Westminster	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred ZJyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary 6. Shafer	
(a) Residence: No. nearf Misturisters (Vaual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed	21. DATE OF DEATH Avenue (Month) Obay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Wordham Strafes	22. 1 HEREBY CERTHEY That I attended decaased from
C DATE OF BIRTH (most do of 101 2	liast saw h der alive on 100 . 1990 ; death is sald
6. DATE OF BIRTH (month, day, end yeer) 1863 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 750 m.
72 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end ralated causes of importance
3 10 1 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	1 harman from the
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Oate deceased last worked at this occupation (month and	John Joseph 19357
work was done, as SILK MILL, SAW MILL, BANK, atc	5 Supplied (GJV)
10. Oate deceased last worked at 11. Total time (years)	Fracture of hip files to socidental
O this occupation (month and spent in this occupation occupation	falls conf R
, or	Other Contributory Cases of importance:
12. BIRTHPLACE (city or town)	Transfer of 12436
(State or country) Maryland	alilatation of the 24 1/3/4
14. BIRTHPLACE (city or town)	1/06
14. BIRTHPLACE (city or town)	Name of operation Dete of Dete of
(State or country) Manyland	What test confirmed diagnosis time was there an autopsy? Lo
15. MAIOEN NAME Man Cilebe	23. If death wes due to axternal causes (VIOL ENCE) fill (n elso the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Chata or country)	Accident, suicide, or homicide? - Accident - Oate of injury
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
7/1 1 104 11 -	(Specify city or town, county and State)
17. INFORMANT Also Joseph C. Neuelle	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago	
80 80AU V.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
SETTED THE LEGISLE OF THE SETTE				

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF M	ARYLAND-	CERTIFICATE OF DEATH	318
1. PLACE OF DEATH		4.7.	
County Corroll	<i>-</i>	Registration Dist. No. 7	f
Village or City Sypesville	pungfu	ld Feate Hospital St.	Ward
Length of residence in city or town where death occur.		death occurred in a hospital or institution, give its NAME instead of street and	
L A -			03
2. FULL NAME ETTILLE & IS	ne d'righer	If U. S. Veteran, specify WAR	
(a) Residence: No.	alplace of abode)	St., Ward. Saltung Md. If nonresident give city or town and	State
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DE	E, MARRIED, WIDOWED, VORCED (write the word)	21. DATE OF DEATH November 23 (Month) (Dey)	, 193 (o (Year)
5a. If merried, widowed, or divorced			
HUSBANO of (or) WIFE of unknown Su	yder	22. I HEREBY CERTIFY, That I attended Oct 21 1936 to Nov 23	deceased from
6. DATE OF BIRTH (month, day, and year) Turker	1881	TO 1 OC	: death is seid
	ys If LESS than	lo heve occurred on the date steted above, et 5:50m.	
(almr) 55	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows:	1
8 Trade profession or particular	A	Carlenoma of Pancreus	about
SAWYER, BOOKKEEPER, etc.	unite	0	1934
9. Industry or business in which work wes done, es SiLK MiLL, SAW MILL, BANK, etc.	•		-
	Totel time (years) spent in this occupetion		-
12. BIRTHPLACE (city or town) Russia		Other Courributory Causes of Importance:	1924
(State or country)		Hubertensin arterial.	1924
II 13. NAME I small loone			12
14. BIRTHPLACE (city or town) Russia		Neme of operation	
(State of country)		What test confirmed diegnosis? X-104 Wes there an	autopsy? No.
15. MAIOEN NAME Selma Some 16. BIRTHPLACE (city or town) Russia		23. if deeth wes due to externel causes (VIOL ENCE) fill In also the following	-
5 16. BIRTHPLACE (city or town)		Accident, sulcide, or homicide? Dete of injury	,19
(State of county)		Where did injury occur?(Specify city or town, county and Sta	le)
17. INFORMANT Hospital Reands. (Address)	**************************************	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PL	ACE.
18. BURIAL, CREMATION, OF REMOVAL	1 / /	Manner of injury	
Place Medentonie	Was 24,1936	Neture of injury	
19. UNDERTAKER Jack Viewie (Address) Baltimore	Ju	24. Wes disease or injury in eny wey related to occupetion of deceesed?	10
20. FILEO Mor 23, 19.86 CHAL	y Lew	(Signed) M. Dirginia Beyer	M. D.
	Registrar.	(Address) Lytesurille, M.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II		
The principal cause of death and related eauses of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

1. PLACE OF DEATH	TE OF	MAR	YLAND-	CERTERATE OF DEATH 11319
County Carro	10		100	Registration Dist. No. 76
Village or City W	Strni town where death			No. St., Wa If death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos
7	ry a	esty (Usual place	Snyr	St., Ward. If nonresident give city or town and State
PERSONAL AND S	TATISTICA	L PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF W	2		RIED, WIDO WED, D (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Noah	C. In	yder		22. HEREBY CERTIFY, That I attanded daceasad from 1936 to 11 - 3 - 19
6. DATE OF BIRTH (month, day, end	yaer) hov	27-	1863	I last saw h K + alive on 11-7-, 1956; death is si
7. AGE Years 7 2	Months / /	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decased last worked at this occupation (month and		•	High tis (Chr) High conditio (Ocuts)	
SAW MILL, BANK, etc 10. Date decaased last worked this occupation (month at year)	nt nd	spe	ime (years) nt in this upation	
12. BIRTHPLACE (city or town) - 7	nd	••••		Other Contributory Causes of Importance:
13. NAME (caron 14. BIRTHPLACE (city or town) (Stete or country)	Tru	mru	u	Name of operation
15. MAIDEN NAME Man 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Man	md.	aff	<i>y</i> 1	23. If death was due to axternal cadsas (VIOLENCE) fill in also the following: Accidant, suicide, or hopicide? Dete of injury
(Address) / 3 J 18. BURIAL, CREMATION, OR REMO Place Listure		7 1	10 136	Menner of injury
19. UNDERTAKER & Banke (Address) Westmus	and &	son		24. Was disease or injury in any way raieted to occupation of deceased?
20 ₈ FILED, 196	6 719	wo	Registrar,	(Signed) M. (Address) M. (Addre

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	Example I		Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	THE PROPERTY OF THE PARTY OF TH	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DEC 4 1936	July 5,1927	Peritonitis	3 days ago	
	BURBAU Y. S.				
Other contributory	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAINLY,

of OCCUPA-

Exact statement

1. PLACE OF DEATH	(3)
County Darroll	Registration Dist. No. 16
Village or City Westminster	NoSt.,Ward
	f death occurred in a hospitator institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME & Steph & human & gu	ums
(a) Residence No. 6 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
Q,	5-5- 1936, to 11-10- 1936
6. DATE OF BIRTH (month, dey, end year) - 6. 6 - 1920 7. AGE Years Months Deys if LESS then	i last saw h Lug alive on //- 19, 19.3.6; death is said to have occurred on the date stated above, et /0.45 _m.
14- 10 4 1 day,hrs.	
8. Trade, profession, or particular	were as follows:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc.	Committee Land Committee 1986
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc 9. Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, etc 10. Deta decassed lest worked at this occupation (month and	
SAW MILL, BANK, etc	Consulting Heart Failure 11-8-30
11. Totei time (years) this occupation (month and year)	
111. 7 7.	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town) Manual (State or country)	Chine Myocardilis 1936
	- Ny Releville Carlo Caralle Very 1934
E	
14. 8IRTHPLACE (city or town)	Nama of operation Date of
E 15. MAIDEN NAME MUSTALA B. CO	What test confirmed diegnosis Westhere an autopsy?
15. MAIDEN NAME MATTER 15. MAIDEN NAME 15. MAI	Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Mystle Bundy (Address) 6 min St. Wellminster md.	(Specify city or town, county and State) Specify whether injury occurred in industry, in Home, or in Public Place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Elsworld Um. Dete 10. 13, 1936	Netura of injury
19. UNDERTAKER H. Bankard Loon	24. Was diseese or injury In any way raiated to occupation of deceesed?
(Address) // Hatminstyr, Mrd.	Ar so, spacify As As
20. FILED //// 12 36 / (10000)	(Signed) Carley M. D.
Registrar.	(Address) (Q) & True (to Chel)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Z Z Z Z	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 4 1935	July 5,1927	Peritonitis	3 days ago
A MEAU Y. R.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 Ä of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	131)
County Carrolling	Registration Dist. No
Village or City Makeful (No. St., Ward (death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	1
2. FULL NAME Dopprah Mary W	14 Stant
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 28 , 193 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Glande Slawle	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, end year)	I last sew have elive on Tur. 284 1936; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11-38 m. 34
70 6 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
Kind of work done, as SPINNER, Nousekeeper SAWYER, BOOKKEEPER, etc.	Clarate Carenelymatous
9. Industry or business in which	neplantes 3 juin
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) year) Qcupetion	
Dilling Augus D	Other Cautributary Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	mitral Regurzilation 20 year
13. NAME 14. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (sity or town)	Neme of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Mary Jouls	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Zoruse Balylon (Address)	(Specify city or town, county and State) Pecify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place 1 1911 - 1914 - Date - 1026 /. 1936	Neture of injury
19. UNDERTAKER DA Hante & Song (Address)	24. Was disease or injury in any wey related to occupation of deceased?
Mr3U 36 () 150	(Signed) C. L. Bellingslea M.D.
20. FILED Of Control Registrar.	(Address). Westminiter, Mich.

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li li	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 \ 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

7	1	1	6 ,	6)
1	1	1)	4	62

1	. PLACE OF					is Sanatorium		
	County	arro	011	COT	ored Bra	nch 23	Registration Dist. No.	74
	Village or Ci	tyH	enryton,	Maryla	nd	No.	S	t.,Ward
	Length of resid	ence In ci	ity or town where d	eath occurred 2	yrs7mos	death occurred in a hospital or institut	foreign birth? XXXX yrs.	t and number)
2				George			specify WAR None	
					Street,	Baltimona, Mar		
				(Usual place of	abode)		If nonresident give city or low	
				CAL PARTIC			ERTIFICATE OF DEA	гн
	Male		lored	5. SINGLE, MARR OR DIVORCED Marrie	(write tha word)	21. DATE OF DEATH	Nov., 23, 193 (Month) (Day)	56 , 193 (Year)
5a.	If marriad, widowa HUSBAND of	d, or divo				22. I HEREBY	CERTIFY, That I att	andad daesaead from
	(or) WIFE of		Rose S	Stevens			19 to Nov. 23	
6. 1	DATE OF BIRTH (nonth, da	y, and year) Se	ept., 1.	1908	I last saw h_imalive on	Nov., 23, 1936	death is said
	AGE Year		Months	Days	If LESS than	to have occurred on the date state		
	28	3	2	22	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT wara as follows:	H and related causes of Importance	
N	8. Trade, profess	ork dona,	as SPINNER.	Chauffe	1179	Pulmonary !	Puberculosis	March
OCCUPATION	SAWYER, 9. Industry or b	BDDKKEE	PER, etc	onaurre	ui.			1934
:UP	work was SAW MILL	done, as S	SILK MILL, etc					
000	10. Data dacaase	d last wo	rked at	11. Total tin	na (years) in this			
	yaar)[Inkind	nth and	Un began	etem	Dther Contributory Causes of Impo	rtance:	
12.	BIRTHPLACE (city							
œ	(State or count	Geo:		ryland.				
FATHER	13. NAME		77 1					
FA	14. BIRTHPLACE (Stata or o			rginia		Name of operation		e ofNO
ER	15. MAIDEN NAN		Maggie J			What test confirmed diagnosis? 23. If death was due to external cau		re an autopsy?
MOTHER	16. BIRTHPLACE			known		Accidant, sulcide, or homicide?	Date of injury	
×	(State or			Virgini	8	Where did injury occur?		
17.	INFDRMANT			Weill, M		Specify whether injury occurred In	(Specify city or town, county as INDUSTRY, In HDME, or in PUBL	nd State) IC PLACE.
18.	BURIAL, CREMATI					Mannar of injury		
	Place 19	(de	ulus	Date/_/	27 , 19 <i>3</i> /	Nature of Injury		
19.	UNDERTAKER (Addrass)	Sur	41 C	Coop	rev SA	24. Was disaase or injury in any wall for so, spacify	ay related to occupation of decases	od? No
20.	FILED 11/2	3/3	average server	E O Deputy L	Wiele	(Signad) Hel	Jun 6. 700 aryton, Maryla	and.
-				Thank Ti	o out			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows: CEIVE	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis NOV 27	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
V. 8.	14		
Other contributory causes of importance:		Other contributory causes of importance:	Here's
Gallstones	May 1,1923	Gastroenteritis	1 year

	IANS should	ment of OCC	1
RECORD. P	. PHYSIC	Exact states	
B.—WRITE FLAINTI, WITH UNFADING INA—ITIS IS A FERMANDALI RECERD. EVERY ITEM OF	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	ACAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC	e.
LIVE	stated]	properly	TION is very important. See instructions on back of certificate.
HIS	pe	pe	Jo
NA-I	plnods	it may	on back
JUNG I	AGE	so that	ctions c
CNEAL	supplied.	terms,	e instru
WILH	refully s	in plain	ant. Se
INTX,	be can	EATH	import
E FLA	pluods	E OF D	is very
-WKII	mation	CAUSE	TION !
B.	1.	1	1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11323
1. PLACE OF DEATH	
County (Sessall)	Designation No. 11 74
County Garage	Registration Dist. No.
Village or City of Ecovelle of The	No. St., Ward
Length of residence in city or town where death occurred ars mos,	dealy occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Jumes Stide	U. S. Veteran, specify WAR.
(a) Residence No. 118 W. 24 th St	St. Ward. Batumore 2nd
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	1600 20 ,193.60
5a. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Cano, M. Mutchell.	22 I HEREBY CERTIFY, That I attended deceased from
(ii) with Carrier Tourist Carrier	Jan 13 1936 to Mer 28 1936
6. DATE OF BIRTH (month, day, and year) May 3/ 1893	I last saw bismalive on There 28 = 1936; death is seid
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, e8.40 m.
4 3 / 2 1 lday,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance
10 6 02 6 ormin.	were estarlows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER duto Med	~ 4 see paralyticus 740128
SAWTER, DOUNNEEPER, etc.	1 36
9. Industry or business In which work wes done, es SILK MILL, Savage. SAW MILL, BANK, etc.	Strecture of exophagua not duse to careers
SAW MILL, BANK, etc.	but due to excidentally drinking &
A LEU CONTROL AND	1933. Que 68 + + + f
year)	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Daltimore Ma	Striction Oesolahade 1933
(State or country)	Oulmonary Icherallosis 1934
13. NAME Junes Daniels	mence Depolegance Psychose Junio
13. NAME Junes & aniels 14. BIRTHPLACE (city or town) Washington &.C.	Depressed to the stemme 20 (45)
L (State or country)	Name of operation and Control of
c 8000000 11100000	Whet test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME	23. If death wes due to external ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Baltimore md	Accident, suicide, or homicide? Dete of Injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT HOSpetal Records	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Morate Missell Date Dec / 1936.	
111 July Sell	Neture of injury
19. UNDERTAKER Openguello-	24. Was disease or injury in any wey related to occupation of deceased?
(Address) 3615-17 Exestantlee.	If so, specify
20 FILED How 29 1936 attacky Wese	(Signed) Milliquia Deyor M.D.
Registrar.	(Address) Sylesulle mp.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 uear

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11324
1. PLACE OF DEATH	82.5
County Carroll	Registration Dist. No. 7
Village or City Umontom	No. St Word
Length of residence in city or town where death occurred & F yrs. mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Lydia Bannel	1) (a la a A f
	C. Curan
(a) Residence: No(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH Nov. (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended dacassed from
6. DATE OF BIRTH (month, day, and year) Set 19-1858	I last saw h en eliva on Oer 31 136 deeth Is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated abovo, at 1030 Pm.
78 / /2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:
8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	arterio Selevoses Date ol onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceasad last worked at this occupation (month and	Clabral Hemorrhage nos 1.19.
work was done, as SILK MILL, SAW MILL, BANK, etc	
- 2hallf Ill fill?	
yaar) occupation occupation	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
E TOUR STANDARD TO GROWN	
(State or country)	Nama of operation Date of What test confirmed diagnosis? Cluster Wes there an auropsy? Na
15. MAIDEN NAME Martha allero	What test confirmed diagnosis? Wes there an au'opsy? Wes there an au'opsy? Wes there are au'opsy? Wes there are au'opsy? Westernal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Matty after	Accident, suicide, or homicide? Data of injury, 19
S (Stata or country)	Where did injury occur?
17. INFORMANT MO, Seo. Y. Mc Cleary (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hallman 191 Date 107 3 , 1936	Nature of injury
19. UNDERTAKER Harry M. Chilen (Addiess) 1944 Tr. North line. Balto M	24. Wes disease or injury In eny way related to occupation of deceased? No
20. FILED Mor. 2, 1936 Margaret R. Engla	(Signed) AD. March M.D. M.D. M.D.
If more blank are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Date of onset
1 week ago
1 week ago
3 days ago
Laugan
1 year
1 y

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11325
1. PLACE OF DEATH	82-0
County Gasroll	Registration Dist. No. 500
Village or City Mr. New Windsor	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Longs Michael Mai	mer
(a) Residence, No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Jarah wague Dee.	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) January 23, 186)	, 19, 10, 19, 19
7. AGE Years Month's Days If LESS than	to have occurred on the date stated above, atm.
69 9 19 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Furnier SAWYER, BODKKEPER, etc.	
kind of work done, as SPINNER, Farmers SAWYER, BODKKEPER, etc. 9. Industry or business In which work wes done, as SILK MILL, Surn Farmers SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	,
1D. Date deceased last worked at this occupation (month and year) 12 12 13 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
12. BIRTHPLACE (city or town)	Other Contributory Cansea of Importance:
(State or country) Md.	Waterel Courses
13. NAME to michael Wagner	probably apoplacy
13. NAME to Michael Wagner 14. BIRTHPLACE (city or town) — f	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME MARGARIAN 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to externat causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
∑ (State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT aux Wasgur (Address) Wey Windson PiOH	Specify whether Injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place full breek Gem. Date 100. 15- 1936	Manner of Injury
11/2 / Later 19	Nature of injury
19. UNDERTAKED AMBRACO TOOM	24. Was disease or injury in any way related to occupation of deceased?
1- 11-	(Signed) falki J. Col J. M.D.
20. FILED Mary 3, 1986 Grace Strades Registrar.	(Address) Culling Coroses

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were a		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	I F mili Elli f m	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep		1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 7 183	July 5, 1927	Peritonitis	3 days ago
	LANGE V. S.			
Other contributory c	auses of importance:	ij	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TINDELLIAM	NA LAVA	TOTAL	T O TO T TY THE	MANAGEMENT AND A POPULATION OF THE POPULATION OF	20 2	T TE T ME CATAL

of OCCUPA.

1. PLACE OF DEATH	110911
county learnel	Registration Dist. No. 7/
Village or City Clean Ridge Lum	St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
1 . O . ata. ot	ds. How long In U.S. if of foreign birth?
2. FULL NAME Comet Signification	Idreso Finnog Ma,
(a) Residence: No. Clary Cay U. O. O. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) . Married	21. DATE OF DEATH A 7 ,193 6 (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of marced low / rath	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Don 13 1-1806 2	I last sew h discoord surdenly , 19 ; death is said
7. AGE Years Months Oeys If LESS than	to have occurred on the date stated above, at
73 10 24 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER D	Oate of onset
kind of work done, as SPINNER, Painter by hade	apoplery sudden.
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation.	\\\
12. BIRTHPLACE (city or town) In any land (Stete or country)	Other Coutributary Causes of Importance:
II 13. NAME Janil 11 11 11	
13. NAME Lewer Walty 14. BIRTHPLACE (city or town)	Name of assertion
14. BIRTHPLACE (city or town) YN OV (State or country)	Name of operation Date of What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Elinghett Unileum	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Elizabeth William 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury19
∑ (State or country)	Where did injury occur?
17. INFORMANT Just James Walter (Address) Winkontayn Ind	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Luckheran unionalin Dele/, 1936	Nature of injury
19. UNDERTAKER & Augs & Sern (Address) Janus tam Ma	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED Nov. 28, 1936 Margaret R. Englas Registrar.	(Signed) J. N. Legg M. A. M. D. (Address) bluos Bridge M.A.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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	Example 1		Example II	
The principal cause of importance were a Arteriosclerosis	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nepi	DEC 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 9 1936	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE

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AINLY, WITH UNFADING INA-THIS IS A PERMANENT RECORD, Every ITEM OF IN	ld be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st	DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUI		
I KECO	Y. PH	Exact		
CMANEN	XACTL	classified.		
IS A PE	stated E	properly	y important. See instructions on back of certificate.	
112	be	pe	of c	
II-W	plnous	it may	n back	
UNG IN	AGE	o that	tions of	
UNFAD	upplied.	terms, s	instruc	
WITH	fully si	n plain	nt. Se	
MEY,	be care	EATH i	importa	
4	10		>	

MOTHER

1	- PLACE OF		OF MAR	rland Tube	CERTIFICATE OF DEATH erculosis Sanatorium red Branch Registration Dist. No. 74	327
		ty Henryton lenca in city or town where		(If	No. (above) St., death occurred in a hospital or institution, give its NAME instead of street and n 20 ds. How long In U.S. if of foreign birth? yrs. mo	Wa umber) s
2		ME Mary Wi e: No. 1501 Or		Balto	If U. S. Veteran, specify WAR_NONE SMd • Ward. If nonresident give city or town and	Stetc
	PERSON	AL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
	Female If merried, widowe HUSBAND of	4. COLOR OR RACE Colored d, or divorced	OR DIVORCE	RRIED, WIDOWED, ED (write the word) OFCED	21. DATE OF DEATH Nov., 6, 1936 (Month) (Day)	(Yeer)
6.	(or) WIFE of	month, day, and yaar)	Jan., J	15, 1903		lecaasad fr 936 ; death Is s
	AGE Yaar 33		Deys 21	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated abova, at 11.15m. P. M. Tha PRINCIPAL CAUSE OF DEATH and reletad causas of importance were as follows: Pulmonary Tuberculosis	Date of one
OCCUPATION	kind of w SAWYER, 9. Industry or b work was SAW MILI 1D. Date dacease	ork dond, as SPINNER, BOOKKEEPER, etc usinass in which dona, as SILK MILL, L, BANK, etc d lest worked at ation (month and Tonless			wn	Jely 1930
12.	BIRTHPLACE (city (Stata or coun	y or town) Unkn try) Virg			Dther Contributory Causes of importance:	

FATH 14. BIRTHPLACE (city or town) _ Unknown Unknown (Stala or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

/6/3619 Registrar. Name of operation ...

What test confirmed diagnosis? ————— Was there an autopsy? NO 23. If death was due to external causes (VIDL ENCE) fill in also the following:

Accident, suicide, or homicide? Whare did injury occur?___

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.

Neture of injury. 24. Wes diseese or injury in any way ralated to occupation of dacaased?

If so, specify (Signed)_

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

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Example 1	Example 11
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	of importance were as follows:
	5 Attack of epilepsy 1 week ago
Chronic interstitial nephritis	Run over by street car 1 week ago
Cerebral hemorrhage - July 5	1927 Peritonitis 3 days ago
Other contributory causes of importance:	Other contributory causes of importance:
Gallstones	1923 Gastroenteritis 1 year
1 134	· · ·

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

ARGIN RESERVED

-WRITE PLAINEY

V. S. No. 1

of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Carrell	Registration Dist. No. 74
Village or City Ly Recuelle	Me See of feel Atale Age of Many of death occurred in a hospital of institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	s/_ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: Not the Leave Ray 996	If U. S. Veteran, specify WAR
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX	21. DATE OF DEATH
Tends White OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced NUSBAND of (or) WIFE of Checker (or	22. I HEREBY CERTIFY. That I attended decessed from
6. DATE OF BIRTH (month, day, and year)	I last saw h the alive on May 12th, 1996; death is said
AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 4.5 2 m.
9 9 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Date of onest Leve Aral Assestation 1/10-1
Kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked et this occupation (month and	
10. Date deceased lest worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) the business (State or country).	Other Contributory Canses of importance:
	Lucial activistica 172
13. NAME TO A STATE OF THE STAT	Name of operation Date of
(State or country) Lecuacy	What test confirmed diagnosis?
ш 15. MAIDEN NAME Moubecom.	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME **Control of the country o	Accident, suicide, or homicide?
17. INFORMANT Hospital Kaczed, (Address) Per Cerry L. M.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Details all for bound to 16, 1936	Mannar of Injury
19. UNDERTAKER TO See South To See (Addrass) To See South To See See See See See See See See See Se	24. Was disease or injury In any way related to occupation of decaased?
20. FILED HON 13, 1936 Chary Near	(Signed) Wared We see M. D. (Address) Seewelle me

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage DEC 3 1935	July 5,1927	Peritonitis	3 days ago	
1 2 2 4 1 V. D. 1				
Other contributory causes of importance:	1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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777	TANE	ACT	ssifie	
1	ERN	EX	y cla	te.
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement	TION is very important. See instructions on back of certificate.
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B.—WRITE PLAN

V. S. No. 1

PHYSICIANS should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	80.0
County Carroll	Registration Dist. No. 42.
Village or City Myers Dist	No. St Word
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2 FILL MARKE MARKET MARKET TO THE	os. mos tong in o. s. it of tolergil billingyrs
(a) Decidence No.	inx 1499
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of State OF BIRTH (month, day, and year) Oct, 3, 186	22. I HEREBY CERTIFY, That I attended deceased from 7, 1936, to NOV/(4, 1986). I last saw hely alive on Nov./3, 1936. death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 6 - 45 m.
75 / / lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca wera as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.	Chebral Ghrombons Pro 7
Kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
11. Total time (years) this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	untirifoction &
II 13. NAME Senry Byers	
14. BIRTHPLACE (city or town)	Name of operation Data of
(State of Country)	What test confirmed diagnosis? Was there an au opsy?
15. MAIOEN NAME Susan Hollobaugh 16. BIRTHPLACE (city or town)	23. If death was dua to external causes (VIDL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stata or country)	Where did injury occur?
17. INFORMANT / De Blulah Stanle R.S. (Address) Julianintes ma R.S.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Com. forth G. PA.	Manner of injury
Placa SI Dantholombu Data 1704: 17, 1936	Nature of injury
19. UNDERTAKER J. J. Little Y Son (Address) Littlestowen PA. PerRAL	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Drov. 16t, 1976 Calin Banseste. Registrar.	(Signed) White M.D. (Address) Warehester M.D.
Kigintar.	

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal eause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

1. PLACE OF DEATH	ATE O	MANII	_AND—	CERTIFIC	MIL	OI DEA	111	1331
County	Com	-10			(131)	Registration D	iet No	76
	- Just	1.1.1		Alo		_ Registration D	136 110	Man
Village or City	und J	inksty		death occurred in a ho	pital or institut	ion, give its NAME	instead of street an	d number)
Length of residence in city o	r town whare da	ath occurred S.J	wsmos	ds. How to	ong in U.S. if of	foreign birth?	yrs	_mosd
2. FULL NAME	8.	Howar	1 Bik	6				
(a) Residence: No.	mes	Finks	Lelet 1	St.,W	Vard.			
		(Usual place of a	A				ive city or town a	
PERSONAL AND						ERTIFICATE	OF DEATH	
S. SEX 4. COLOR O	RRACE	5. SINGLE, MARRIEI OR DIVORCED (1		21. DATE OF	Hora		11	1026
male who	le	motow	ed .		i ser i sena	(Month)	(Day)	(Year)
 If married, widowed, or divorced HUSBAND of 			Same of	22. OIH	EREBY	CERTIFY	. That I attend	ed-deceased fro
(or) WIFE of				fun	el	1956 10 /	Vov. 11	19.3
. DATE OF BIRTH (month, day, en	d vear) a	hoil 14 1	851	I last saw h	L alive on	act 2	8, 192	death is si
. AGE Years	Months	Days	If LESS than	to have occurred on	the date states	d above, et 7. 30	Am.	
85	6	- /-	l dey,hrs. ormin.	The PRINCIPAL CA	USE OF DEAT	H and related causes	s of Importance	1
8. Trada, profession, or partic kind of work dona, as	ular	1	/	Va	lvul	av dres	Specim	Date of one
SAWYER, BOOKKEEPER	, etc	anne	/ 	ac	ute a	erdia		nov
kind of work dona, as SAWYER, BOOKKEEPER 9. Industry or business in who work was done, as SILM SAW MILL, BANK, etc 10. Date decaased lest worked this occupation (month.)	MILL.			or	lata	tim		193
SAW MILL, BANK, etc 10. Date decaased lest worked		11. Total time	(veare)	-				
this occupation (month	end	spent in	this					
		0		Other Contributors	Carter of impo	rtance:	1,	100
2. BIRTHPLACE (city or town) (Stata or country)	Mar	alou d		an	mi	- Degen	agris .	
13. NAME Sot	mund.	1.1.1.		m		agrand	MILLAND.	100
		011	0	Name of operation.	7000		Date of	
(State or country)	- Wea	wland	/	What test confirmed	4	Raboral	Was there e	
15. MAIDEN NAME	herea	Вина	7/-	23. If death was due				
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	7	0	1	The state of the s		D		
(State or country)	Ma	rylan		Where did Injury or				
7. INFORMANT Mus. C	0	, 80				(Specify city or t INDUSTRY, In HON	own, county and S	State) PLACE
(Address)	Fin	kabura.	W. J		., ., ., ., ., ., ., ., ., ., ., ., ., .			
8. BURIAL, CREMATION, OR REM	DVAL	0 71		Manner of injury				
Place Saudyvi	Che, Mis	Poate War /	3 ,1936	Nature of injury				
9. UNDERTAKER	Trance	in Ricco		24. Was disease or le	njury in any wa	ay related to occupat	tion of decaased?_	.no
(Address)	Wite	ugueter	Du D	If so, specify	12-A	0		
0. FILED /// 275	76 2	Mue	copier	(Signed)	uas	10 40	ul,	
	/	7	Registrar.	(Addres	ss) M	Eddan	la.	un,
	If more bl	lanks are needed, addr	ess State Registrar.	2411 N. Charles Street	. Baltimore. Rec	questing U. S. No.	r.	-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy		
Chronic interstitial nephritisDEC 4 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUNGAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	